

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Sierra Club -Santa Lucia Chapter<br><br>Mailing Address P.O. Box 15755<br><br>City San Luis Obispo State CA Zip Code 93406<br><br>Purpose of Disbursement event contribution<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: SB21.35556<br>Date of Disbursement<br>05 / 27 / 2008<br><br>Amount of Each Disbursement this Period<br>900.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| B. | Full Name (Last, First, Middle Initial)<br>TITUS FOR CONGRESS<br><br>Mailing Address 1637 TRAVOIS CIRCLE<br><br>City LAS VEGAS State NV Zip Code 89119<br><br>Purpose of Disbursement contribution<br>Candidate Name<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NV District: 03<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: SB21.35588<br>Date of Disbursement<br>06 / 10 / 2008<br><br>Amount of Each Disbursement this Period<br>2000.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>TOM ALLEN FOR SENATE<br><br>Mailing Address 550 FOREST AVE SUITE 101<br><br>City PORTLAND State ME Zip Code 04101<br><br>Purpose of Disbursement contribution<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ME District: 01<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.35567<br>Date of Disbursement<br>06 / 10 / 2008<br><br>Amount of Each Disbursement this Period<br>2000.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4900.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>19900.00</b> |