



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Lois Capps

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	149737.00	478277.93
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	149737.00	477777.93
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	47042.05	245628.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3479.39
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47042.05	242149.43
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	396352.02	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	126100.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Lois Capps

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

45000.00

183519.00

(ii) Unitemized.....

22237.00

71434.00

(iii) TOTAL of contributions

67237.00

254953.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

82500.00

223324.93

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

149737.00

478277.93

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING

EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

3479.39

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

65.12

1393.86

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

149802.12

483151.18

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	47042.05	245628.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS.....	34835.00	171885.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	81877.05	418013.82

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	328426.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	149802.12
25. SUBTOTAL (add Line 23 and Line 24).....	478229.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	81877.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	396352.02

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> LOIS G CAPPS		<b>Candidate ID Number</b> H8CA22089
<b>Name of Principal Campaign Committee</b> Friends of Lois Capps		<b>Committee ID Number</b> C C00331389
<b>Committee Address</b> PO Box 23940		
<b>City</b> Santa Barbara	<b>State</b> CA	<b>ZIP</b> 93121
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	474951.18	8200.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	474951.18	8200.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Christina Allison	Date of Receipt MM / DD / YYYY 11 / 10 / 2007
	Mailing Address 1385 School House Rd	<b>Transaction ID:</b> SA11AI.33934
	City State Zip Code Montecito CA 93108-1236	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Singer/Actress Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Ashbaugh	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 193 Los Cerros Drive	<b>Transaction ID:</b> SA11AI.34081
	City State Zip Code San Luis Obispo CA 93401	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Allan Hancock College Occupation Instructor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James R. Baird	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 20 La Casita Lane	<b>Transaction ID:</b> SA11AI.34362
	City State Zip Code Walnut Creek CA 94595	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Bay Area Development Company Occupation CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>775.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 83
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Leinie Schilling Bard	Date of Receipt MM / DD / YYYY 11 / 12 / 2007
	Mailing Address 1640 San Leandro Lane	<b>Transaction ID:</b> SA11AI.33958
	City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-employed Occupation Businesswoman Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 950.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Grover Barnes	Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 1318 East Gutierrez Street	<b>Transaction ID:</b> SA11AI.34018
	City State Zip Code Santa Barbara CA 93103	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 575.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Bentley, M.D.	Date of Receipt MM / DD / YYYY 12 / 10 / 2007
	Mailing Address 2403 Castillo Street Ste 201	<b>Transaction ID:</b> SA11AI.34310
	City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-employed Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Brain	Date of Receipt MM / DD / YYYY 10 / 06 / 2007
	Mailing Address 316 Second St. SE #100	<b>Transaction ID:</b> SA11AI.33761
	City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Capitol Hill Strategies, LLC Occupation Legislative Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Adam Bronfman	Date of Receipt MM / DD / YYYY 11 / 20 / 2007
	Mailing Address 6688 E. Judson Road	<b>Transaction ID:</b> SA11AI.34106
	City Paradise Valley State AZ Zip Code 85253	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation Private Investor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Brown	Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address PO Box 1710	<b>Transaction ID:</b> SA11AI.34349
	City Pismo Beach State CA Zip Code 93448	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-employed-Brown Resources Inc. Occupation Investor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 9 / 83
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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Burns		Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 899 Park Lane		<b>Transaction ID:</b> SA11AI.34363
	City Santa Barbara	State CA	Zip Code 93108
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Kinkos	Occupation Founding Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Margaret Chapman		Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address 4957 La Ramada Drive		<b>Transaction ID:</b> SA11AI.34350
	City Santa Barbara	State CA	Zip Code 93111
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer	Occupation Volunteer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra Church		Date of Receipt MM / DD / YYYY 10 / 17 / 2007
	Mailing Address 1133 Camino Viego		<b>Transaction ID:</b> SA11AI.33829
	City Santa Barbara	State CA	Zip Code 93108
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
Sarah Craig  
 Mailing Address 261 San Julian  
 City State Zip Code  
 Santa Barbara CA 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer County of Santa Barbara Occupation Engineer  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 9 / 2 0 0 7  
**Transaction ID:** SA11AI.34102  
 Amount of Each Receipt this Period  
 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jill Dexter  
 Mailing Address 320 Calle Elegante  
 City State Zip Code  
 Santa Barbara CA 93108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation tv prod.  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1600.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 4 / 2 0 0 7  
**Transaction ID:** SA11AI.33709  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Nancy Edebo  
 Mailing Address 516 Braemar Ranch Lane  
 City State Zip Code  
 Santa Barbara CA 93109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 7  
**Transaction ID:** SA11AI.33981  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Jack Edelman		Date of Receipt
	Mailing Address 4631 Paradise Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	City	State	Zip Code
	Tiburon	CA	94920
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.33970
Name of Employer		Occupation	Amount of Each Receipt this Period
		retired	<input type="text"/> 250.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00		
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Lauraine Effress		Date of Receipt
	Mailing Address 2831 Harbor Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 5 / 2 0 0 7
	City	State	Zip Code
	Oxnard	CA	93035
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.33717
Name of Employer		Occupation	Amount of Each Receipt this Period
		retired	<input type="text"/> 250.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00		
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Emmons		Date of Receipt
	Mailing Address 736 Cima Linda Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Santa Barbara	CA	93108
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.34005
Name of Employer		Occupation	Amount of Each Receipt this Period
Self		Investor	<input type="text"/> 500.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 500.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 83  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
Don Ernst

Mailing Address 5882 Salisbury Lane

City State Zip Code  
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ernst & Mattison Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** SA11AI.33848

Amount of Each Receipt this Period  
1800.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Don Ernst

Mailing Address 5882 Salisbury Lane

City State Zip Code  
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ernst & Mattison Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** SA11AI.33849

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Paul Flum

Mailing Address 1803 Fernald Point Lane

City State Zip Code  
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Goals for Americans retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

**Transaction ID:** SA11AI.34367

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 83  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
Paul Frick

Mailing Address 2911 29th Street NW

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Public Relations

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.34225

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
John Gault

Mailing Address 620 Highland Dr.

City Los Osos State CA Zip Code 93402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.34375

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Dan Gerber

Mailing Address PO Box 185

City Santa Ynez State CA Zip Code 93460

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Writer

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.33980

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Glenn	Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address P.O. Box 50310	<b>Transaction ID:</b> SA11AI.34348
	City State Zip Code Santa Barbara CA 93150	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation private investor	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Glenn	Date of Receipt MM / DD / YYYY 12 / 22 / 2007
	Mailing Address P.O. Box 50310	<b>Transaction ID:</b> SA11AI.34385
	City State Zip Code Santa Barbara CA 93150	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation private investor	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Haken	Date of Receipt MM / DD / YYYY 11 / 12 / 2007
	Mailing Address 387 Lambert Road	<b>Transaction ID:</b> SA11AI.33952
	City State Zip Code Carpinteria CA 93013	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Magnus Capitol Occupation Finance	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 83  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
James Hannah

Mailing Address 2590 SoftchessPlace

City State Zip Code  
Arroyo Grande CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Central Coast Pathology physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

**Transaction ID:** SA11AI.34360

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Jean Harris

Mailing Address 4900 Telegraph Rd  
Apt 334

City State Zip Code  
Ventura CA 93003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** SA11AI.34132

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Hayden

Mailing Address 10590 Wilshire Blvd  
#4081

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed film director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.33954

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** This Period (last page this line number only) ..... ►





**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Laura Holtz		Date of Receipt MM / DD / YYYY 12 / 11 / 2007
	Mailing Address PO Box 7107		<b>Transaction ID:</b> SA11AI.34318
	City Oxnard	State CA	Zip Code 93031
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation retired Election Cycle-to-Date ▼ 280.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) William Horton		Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 222 Chaplin Lane		<b>Transaction ID:</b> SA11AI.33982
	City San Luis Obispo	State CA	Zip Code 93405
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Cal Poly Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Professor Election Cycle-to-Date ▼ 600.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Lynette Jacquez		Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 525 9th Street NW Ste. 800		<b>Transaction ID:</b> SA11AI.33731
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Copeland Lowery Jacquez Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Government Relations Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 83  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
Nancy Johnson

Mailing Address 149 Palm Court Drive

City State Zip Code  
Santa Maria CA 93454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.34194

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John Koepf

Mailing Address 2041 Carriage Lane

City State Zip Code  
Arroyo Grande CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self commercial fisherman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.34195

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Koepf

Mailing Address 2041 Carriage Lane

City State Zip Code  
Arroyo Grande CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self commercial fisherman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.34199

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 83  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
Nancy Koppelman

Mailing Address 1453 Bonnymede Drive

City State Zip Code  
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.33694

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Luis Lainer

Mailing Address 10788 Bellagio Road

City State Zip Code  
Los Angeles CA 90077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lainer Development real estate management

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.34020

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
James Landreth

Mailing Address 613 Jeffrey Drive

City State Zip Code  
San Luis Obispo CA 93405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.33979

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
Walter R Larsen

Mailing Address 18 W. Micheltorena St.

City State Zip Code  
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation  
self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2007

**Transaction ID:** SA11AI.33957

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Lewis

Mailing Address 1023 Pacific Street

City State Zip Code  
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation  
Sierra Vista Regional Medical Oncologist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2007

**Transaction ID:** SA11AI.33922

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Mark Lisagor

Mailing Address 477 E. Calle Higuera

City State Zip Code  
Camarillo CA 93010

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation  
self Pediatric Dentist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 24 / 2007

**Transaction ID:** SA11AI.34152

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 83  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial) Douglas Malcolm		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 1042 Palm St. 2nd Floor		Transaction ID: SA11AI.33916
City San Luis Obispo	State CA	Zip Code 93401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) George Matthaei		Date of Receipt MM / DD / YYYY 12 / 03 / 2007
Mailing Address 2661 Tallant Road Apt. 608		Transaction ID: SA11AI.34218
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Harvey Molotch		Date of Receipt MM / DD / YYYY 12 / 17 / 2007
Mailing Address 260 W. Broadway Apt. 9C		Transaction ID: SA11AI.34353
City New York	State NY	Zip Code 10013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer New York University	Occupation Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 83  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial) Anne Panos Martin		Date of Receipt MM / DD / YYYY 12 / 22 / 2007
Mailing Address 2727 Miradero Drive #104		Transaction ID: SA11AI.34388
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Helen L. Pedotti		Date of Receipt MM / DD / YYYY 11 / 10 / 2007
Mailing Address 1915 Laguna Street		Transaction ID: SA11AI.33943
City Santa Barbara	State CA	Zip Code 93101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) Dominic Perello		Date of Receipt MM / DD / YYYY 11 / 13 / 2007
Mailing Address 1591 Slack Street		Transaction ID: SA11AI.33963
City San Luis Obispo	State CA	Zip Code 93405-1963
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 83  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
Phyllis Prager

Mailing Address 170 Coronada Circle

City State Zip Code  
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

**Transaction ID:** SA11AI.34357

Amount of Each Receipt this Period  
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James D. Quay

Mailing Address 1502 Beverly Place

City State Zip Code  
Albany CA 94706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA Humanities Council Executive Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

**Transaction ID:** SA11AI.34186

Amount of Each Receipt this Period  
450.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dean Ramstad

Mailing Address 1706 Lake Village Drive

City State Zip Code  
Medford OR 97504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 0 7

**Transaction ID:** SA11AI.34162

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1025.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Jean Reiche	Date of Receipt MM / DD / YYYY 11 / 12 / 2007
	Mailing Address 843 Via Campobello Street	<b>Transaction ID:</b> SA11AI.33956
	City State Zip Code Santa Barbara CA 93111	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Reid	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 4140 Hidden Oaks Road	<b>Transaction ID:</b> SA11AI.33984
	City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Santa Barbara Cottage Hospital Doctor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Theresa Robinson	Date of Receipt MM / DD / YYYY 10 / 06 / 2007
	Mailing Address 2555 Pennsylvania Ave. NW	<b>Transaction ID:</b> SA11AI.33757
	City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self Real Estate Broker		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 26 / 83
	(check only one)	
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Root		Date of Receipt
	Mailing Address 1307 Mill Street		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Luis Obispo	CA	93401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.33942
Name of Employer		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text" value="500.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) William Rountree		Date of Receipt
	Mailing Address 215 ocean Drive		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Oxnard	CA	93035
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.33796
Name of Employer		Occupation	Amount of Each Receipt this Period
		retired	<input type="text" value="50.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) William Rountree		Date of Receipt
	Mailing Address 215 ocean Drive		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Oxnard	CA	93035
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.34000
Name of Employer		Occupation	Amount of Each Receipt this Period
		retired	<input type="text" value="200.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 83  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
Shelly S. Ruston

Mailing Address 225 East Valerio Street

City State Zip Code  
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SB Art Museum Director Special Programs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.34223

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Jo Saxon

Mailing Address 270 Santa Rosa Lane

City State Zip Code  
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.34126

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Henry Schimberg

Mailing Address 514 Las Fuentes Drive

City State Zip Code  
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.34003

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2900.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne Marie Schnetzler		Date of Receipt
	Mailing Address 388 Main Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 0 / 2 0 0 7
	City	State	Zip Code
	Morro Bay	CA	93442
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.34103
		Amount of Each Receipt this Period	
		<input type="text"/> 50.00	
Name of Employer		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		retired	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 205.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Sid Sheinberg		Date of Receipt
	Mailing Address 8840 Wilshire Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 3 / 2 0 0 7
	City	State	Zip Code
	Beverly Hills	CA	90210
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.34227
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
The Bubble Factory		Owner	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Wayne Siemens		Date of Receipt
	Mailing Address 812 Anacapa		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	City	State	Zip Code
	Santa Barbara	CA	93101
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.34354
		Amount of Each Receipt this Period	
		<input type="text"/> 1000.00	
Name of Employer		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
WGS Investments, Inc.		Real Estate	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
Edgar Smith

Mailing Address PO Box 989

City Morro Bay State CA Zip Code 93443-0989

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 11 / 23 / 2007  
**Transaction ID:** SA11AI.34136  
 Amount of Each Receipt this Period 10.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard Smith

Mailing Address 5383 Hollister Ave. Suite 220

City Santa Barbara State CA Zip Code 93111

FEC ID number of contributing federal political committee. **C**

Name of Employer Global Power Supply Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 425.00

Date of Receipt 12 / 29 / 2007  
**Transaction ID:** SA11AI.34428  
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Judith Stapelmann

Mailing Address 4161 Cresta Street

City Santa Barbara State CA Zip Code 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 11 / 08 / 2007  
**Transaction ID:** SA11AI.33926  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1110.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 83  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
Julie Steckel, L.C.S.W.  
Mailing Address 1126 Bel Air Drive

City <b>Santa Barbara</b>	State <b>CA</b>	Zip Code <b>93105</b>
------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation social worker
--------------------------	-----------------------------

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: SA11AI.34215

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ann M. Steinmetz  
Mailing Address P. O. Box 3956

City <b>Santa Barbara</b>	State <b>CA</b>	Zip Code <b>93130</b>
------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation retired
------------------	-----------------------

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11AI.34096

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sandra Stuart  
Mailing Address 1775 I Street NW 7th Floor

City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Clark and Weinstock	Occupation Government Affairs
---	----------------------------------

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: SA11AI.33758

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 83  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
Paul Sweet

Mailing Address 914 Whann Ave

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of Maryland University Admin.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** SA11AI.33856

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Judge William Thomson

Mailing Address 970 Hillcrest Drive

City State Zip Code  
Cambria CA 93428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State of CA Retired Judge

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.33941

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Jane Tolmach

Mailing Address 656 Douglas Avenue

City State Zip Code  
Oxnard CA 93030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** SA11AI.33789

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 32 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
Jane Tolmach  
Mailing Address 656 Douglas Avenue  
City Oxnard State CA Zip Code 93030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
550.00  
Date of Receipt 11 / 16 / 2007  
Transaction ID: SA11AI.34038  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michael Towbes  
Mailing Address 21 E. Victoria St. Ste. 200  
City Santa Barbara State CA Zip Code 93101-2605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Developer/builder chairman  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
2000.00  
Date of Receipt 12 / 31 / 2007  
Transaction ID: SA11AI.34435  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Don Van Riper  
Mailing Address 2031 Pamela St.  
City Oxnard State CA Zip Code 93036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
275.00  
Date of Receipt 10 / 05 / 2007  
Transaction ID: SA11AI.33716  
Amount of Each Receipt this Period 25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2125.00  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 83  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
Don Van Riper

Mailing Address 2031 Pamela St.

City Oxnard State CA Zip Code 93036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 11 / 09 / 2007  
**Transaction ID: SA11AI.33929**  
 Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Harold Votey

Mailing Address 1127 Harbor Hills Lane

City Santa Barbara State CA Zip Code 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 11 / 28 / 2007  
**Transaction ID: SA11AI.34177**  
 Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Walters

Mailing Address 3808 Colonial Ave.

City Alexandria State VA Zip Code 22309

FEC ID number of contributing federal political committee. **C**

Name of Employer Thomas Walters & Asso., Inc. Occupation government relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2007  
**Transaction ID: SA11AI.34092**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
Councilmember John Zaragoza

Mailing Address 2303 Hidden Valley Court

City Oxnard State CA Zip Code 93036

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation real estate broker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 27 / 2007  
**Transaction ID: SA11AI.33874**  
 Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Councilmember John Zaragoza

Mailing Address 2303 Hidden Valley Court

City Oxnard State CA Zip Code 93036

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation real estate broker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 11 / 14 / 2007  
**Transaction ID: SA11AI.33996**  
 Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**TOTAL** This Period (last page this line number only) ..... ► 45000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC

Mailing Address 1932 WYNNTON ROAD

City State Zip Code  
COLUMBUS GA 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11C.33730

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE

Mailing Address 2021 Massachusetts Ave. NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11C.34338

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF OTOLARYNGOLOGY PAC

Mailing Address One Prince Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11C.34205

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 1050 31st Street N.W.

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 05 / 2007  
Transaction ID: SA11C.33734  
Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Mailing Address 1111 N PLAZA DRIVE SUITE 550

City SCHAUMBURG State IL Zip Code 60173

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 10 / 26 / 2007  
Transaction ID: SA11C.33860  
Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSCAPE)

Mailing Address 725 Fifteenth St. NW Suite 500

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 11 / 30 / 2007  
Transaction ID: SA11C.34188  
Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN BANKERS ASSOCIATION  
 Mailing Address 1120 Connecticut Avenue NW  
 City Washington State DC Zip Code 20036  
 Date of Receipt 10 / 05 / 2007  
**Transaction ID:** SA11C.33732  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN BANKERS ASSOCIATION  
 Mailing Address 1120 Connecticut Avenue NW  
 City Washington State DC Zip Code 20036  
 Date of Receipt 11 / 28 / 2007  
**Transaction ID:** SA11C.34182  
 Amount of Each Receipt this Period 2500.00  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN CABLE ASSOCIATION INC PAC (ACA PAC)  
 Mailing Address ONE PARKWAY CENTER SUITE 212  
 City PITTSBURGH State PA Zip Code 15220  
 Date of Receipt 11 / 16 / 2007  
**Transaction ID:** SA11C.34029  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C** C00364109  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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(check only one)  
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 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF PHYSICIANS SERVICES INC PAC; AKA ACP SERVICES PAC

Mailing Address 2011 Pennsylvania Avenue NW  
Suite 800

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 25 / 2007  
**Transaction ID:** SA11C.33851  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 10 / 06 / 2007  
**Transaction ID:** SA11C.33754  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 11 / 28 / 2007  
**Transaction ID:** SA11C.34179  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 1640 Wisconsin Avenue NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 11 / 28 / 2007  
**Transaction ID:** SA11C.34181  
Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN DENTAL PAC

Mailing Address 1111-14th Street NW Suite 100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 11 / 16 / 2007  
**Transaction ID:** SA11C.34060  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Mailing Address 80 F STREET, N.W.

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C70000104

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 12 / 20 / 2007  
**Transaction ID:** SA11C.34373  
Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street NW  
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID:** SA11C.33855  
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN NURSES ASSOCIATION PAC

Mailing Address 8515 Georgia Avenue  
Suite 400

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 14 / 2007  
**Transaction ID:** SA11C.34340  
 Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE

Mailing Address 9312 OLD GEORGETOWN ROAD

City BETHESDA State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 11 / 30 / 2007  
**Transaction ID:** SA11C.34202  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5500.00

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION

Mailing Address 1300 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: MM / DD / YYYY  
12 / 26 / 2007

Transaction ID: SA11C.34402

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

Mailing Address 12500 FAIR LAKES CIRCLE SUITE 375

City FAIRFAX State VA Zip Code 22033

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
10 / 24 / 2007

Transaction ID: SA11C.33846

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address 32 Avenue of the Americas

City New York State NY Zip Code 10013

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
10 / 05 / 2007

Transaction ID: SA11C.33741

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
CALIFORNIA ASSN OF MARRIAGE

Mailing Address 555 Capitol Mall Suite 1425

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00346619

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 6 / 2 0 0 7

**Transaction ID:** SA11C.34439

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
COLLEGE OF AMERICAN PATHOLOGISTS PAC

Mailing Address 1350 I Street NW Ste. 590

City State Zip Code  
Washington DC 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 7

**Transaction ID:** SA11C.34341

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 4 / 2 0 0 7

**Transaction ID:** SA11C.34440

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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11a    11b    11c    11d  
 12    13a    13b    14    15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: SA11C.34048

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Ave NW  
Ste 1100

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11C.34365

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
HEALTH NET INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 455 Capitol Mall Suite 801

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00230789

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11C.33738

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
INT'L. ASSOC. OF BRIDGE, STRUCTURAL & ORNAMENTAL IRON WORKERS

Mailing Address 1750 NY AVE. NW, SUITE 400

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70000336

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 08 / 2007  
Transaction ID: SA11C.33928  
Amount of Each Receipt this Period 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 State Ave. Suite 565

City Kansas City State KS Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2007  
Transaction ID: SA11C.33858  
Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 900 Seventh St. N.W.

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 14 / 2007  
Transaction ID: SA11C.34343  
Amount of Each Receipt this Period 4500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

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(check only one)  
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 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17 STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C70001037

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2007  
**Transaction ID:** SA11C.33830  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MEDCO HEALTH SOLUTIONS INC POLITICAL ACTION COMMITTEE (AKA: MEDCO HEALTH PAC)

Mailing Address 591 Redwood Hwy. #4000  
MAIL STOP E3-13

City Mill Valley State CA Zip Code 94941

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 09 / 2007  
**Transaction ID:** SA11C.33782  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MEDTRONIC INC. MEDICAL TECHNOLOGY FUND

Mailing Address 1420 New York Avenue NW Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00311878

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 11 / 30 / 2007  
**Transaction ID:** SA11C.34204  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF LETTER CARRIERS OF UNITED STATES OF AMERICA BRANCH 9

Mailing Address 11581 ILEX ST NW

City State Zip Code  
COON RAPIDS MN 55448

FEC ID number of contributing federal political committee. **C** C00114314

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11C.34395

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11C.34377

Amount of Each Receipt this Period  
 4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11C.33784

Amount of Each Receipt this Period  
 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCAATC) Receipt

Mailing Address 1724 MASSACHUSETTS AVENUE NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: SA11C.34054

Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 Executive Circle

City State Zip Code  
Irving TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11C.33862

Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

Mailing Address 607 FOURTEENTH STREET NW SUITE 800

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: SA11C.34441

Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
OB-GYNS FOR WOMEN'S HEALTH PAC

Mailing Address 409 12TH STREET SW

City State Zip Code  
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** SA11C.34178

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
PG&E CORPORATION EMPLOYEES ENERGYPAC

Mailing Address 77 Beale Street Mail Code: B29H

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** SA11C.34206

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
POWELL GOLDSTEIN LLP POLITICAL ACTION COMMITTEE

Mailing Address 1201 WEST PEACHTREE ST. NW  
14TH FLOOR

City State Zip Code  
ATLANTA GA 30309

FEC ID number of contributing federal political committee. **C** C00218891

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

**Transaction ID:** SA11C.33756

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 10 / 06 / 2007  
**Transaction ID:** SA11C.33752  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
SIEMENS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 701 PENNSYLVANIA AVENUE NW  
SUITE 720

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 16 / 2007  
**Transaction ID:** SA11C.34059  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Mailing Address 633 N. St. Clair St.  
24th Floor

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2007  
**Transaction ID:** SA11C.33840  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE)

Mailing Address 1301 K STREET NW  
SUITE 600 EAST TOWER

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11C.33740

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
THRIVENT FINANCIAL FOR LUTHERANS - EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address Post Office Box 1892

City Appleton State WI Zip Code 54912

FEC ID number of contributing federal political committee. **C** C00121319

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: SA11C.34056

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City DETROIT State MI Zip Code 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11C.33736

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 6 / 2 0 0 7

**Transaction ID:** SA11C.34057

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE

Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300

City State Zip Code  
HOUSTON TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 0 / 2 0 0 7

**Transaction ID:** SA11C.34119

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
WALT DISNEY PRODUCTIONS EMPLOYEES PAC (DISNEY EMPLOYEES POLITICAL ACTION COMMITTEE)

Mailing Address 1150 17TH STREET NW SUITE 400

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 7

**Transaction ID:** SA11C.34217

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
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Use separate schedule(s)  
for each category of the  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.** Full Name (Last, First, Middle Initial)  
WEXLER & WALKER PUBLIC POLICY ASSOC. POLITICAL ACTION COMMITTEE

Mailing Address 1317 F Street NW  
Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00248195

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

**Transaction ID:** SA11C.34052

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address c/o Zeneca Inc.  
1800 Concord Pike PO Box 15437

City State Zip Code  
Wilmington DE 19850

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	7

**Transaction ID:** SA11C.34371

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	82500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

**A.**

Full Name (Last, First, Middle Initial)  
Santa Barbara Bank and Trust

Mailing Address 20 E. Carrillo Street

City State Zip Code  
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.71

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

**Transaction ID:** SA15.33579

Amount of Each Receipt this Period  
12.08

interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Santa Barbara Bank and Trust

Mailing Address 20 E. Carrillo Street

City State Zip Code  
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
219.64

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

**Transaction ID:** SA15.33583

Amount of Each Receipt this Period  
8.93

interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Santa Barbara Bank and Trust

Mailing Address 20 E. Carrillo Street

City State Zip Code  
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
232.51

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

**Transaction ID:** SA15.33581

Amount of Each Receipt this Period  
12.87

interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **33.88**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 83	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust		Date of Receipt
	Mailing Address 20 E. Carrillo Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Santa Barbara	CA	93101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15.33584
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="243.86"/>	<input type="text" value="11.35"/>
<input type="checkbox"/> Other (specify) ▼			interest
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="11.35"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="45.23"/>

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) American Direct Mail	Transaction ID: SB17.33637 Date of Disbursement
	Mailing Address 908 N. Hollywood Way	<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Burbank State CA Zip Code 91505	Amount of Each Disbursement this Period
	Purpose of Disbursement mailing expense	<input type="text" value="3712.14"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Direct Mail	Transaction ID: SB17.33690 Date of Disbursement
	Mailing Address 908 N. Hollywood Way	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Burbank State CA Zip Code 91505	Amount of Each Disbursement this Period
	Purpose of Disbursement mailing expense	<input type="text" value="2973.94"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.33595 Date of Disbursement
	Mailing Address 400 Sibley Street #560	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement web hosting	<input type="text" value="225.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6911.08"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)  
Avenet Solutions

Transaction ID: SB17.33585  
Date of Disbursement

Mailing Address 400 Sibley Street #560

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	7	7

City State Zip Code  
St. Paul MN 55101

Amount of Each Disbursement this Period

1.25
------

Purpose of Disbursement  
credit card fee

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Avenet Solutions

Transaction ID: SB17.33586  
Date of Disbursement

Mailing Address 400 Sibley Street #560

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	7	7

City State Zip Code  
St. Paul MN 55101

Amount of Each Disbursement this Period

5.00
------

Purpose of Disbursement  
credit card fee

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Avenet Solutions

Transaction ID: SB17.33689  
Date of Disbursement

Mailing Address 400 Sibley Street #560

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	7	7

City State Zip Code  
St. Paul MN 55101

Amount of Each Disbursement this Period

225.00
--------

Purpose of Disbursement  
web hosting

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

231.25
--------

**TOTAL** This Period (last page this line number only) ..... ►

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**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b> Full Name (Last, First, Middle Initial) Avenet Solutions Mailing Address 400 Sibley Street #560 City St. Paul State MN Zip Code 55101 Purpose of Disbursement credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33587 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) Avenet Solutions Mailing Address 400 Sibley Street #560 City St. Paul State MN Zip Code 55101 Purpose of Disbursement credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33588 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Avenet Solutions Mailing Address 400 Sibley Street #560 City St. Paul State MN Zip Code 55101 Purpose of Disbursement credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33589 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 2.50 <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) ..... ▶	5.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.33590 Date of Disbursement
	Mailing Address 400 Sibley Street #560	<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="2.50"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.33591 Date of Disbursement
	Mailing Address 400 Sibley Street #560	<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="3.75"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.33592 Date of Disbursement
	Mailing Address 400 Sibley Street #560	<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="10.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="16.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 59 / 83

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.33593 Date of Disbursement 12 / 21 / 2007
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 12.50
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.33594 Date of Disbursement 12 / 21 / 2007
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 25.00
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jennifer Cooper	Transaction ID: SB17.33602 Date of Disbursement 10 / 01 / 2007
	Mailing Address 222 W Anapamu #1	Amount of Each Disbursement this Period 5000.00
	City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement management consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5037.50
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)  
Jennifer Cooper

Mailing Address 222 W Anapamu #1

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement reimbursements  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.33604  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	7	

Amount of Each Disbursement this Period

569.61
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 800 Anacapa Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement postage  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.33604.2  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	7	

Amount of Each Disbursement this Period

41.00
-------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Smart and Final

Mailing Address 300 E. Gutierrez

City Santa Barbar State CA Zip Code 93103

Purpose of Disbursement event rentals  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.33604.5  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	7	

Amount of Each Disbursement this Period

6.78
------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

569.61
--------

TOTAL This Period (last page this line number only) .....

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# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)  
luners pro sound and lighting

Mailing Address 629 N. Salsipuedes

City State Zip Code  
Santa Barbara CA 93103

Purpose of Disbursement  
event rentals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33604.7  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	7	

Amount of Each Disbursement this Period

129.30
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address PO Box 9020

City State Zip Code  
Des Moines IA 50368

Purpose of Disbursement  
printing costs

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33604.9  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	7	

Amount of Each Disbursement this Period

164.85
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Jennifer Cooper

Mailing Address 222 W Anapamu #1

City State Zip Code  
Santa Barbara CA 93101

Purpose of Disbursement  
management consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33622  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	7	

Amount of Each Disbursement this Period

5000.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

5000.00
---------

TOTAL This Period (last page this line number only) .....

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**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) Jennifer Cooper	Transaction ID: SB17.33638 Date of Disbursement 11 / 15 / 2007
	Mailing Address 222 W Anapamu #1	Amount of Each Disbursement this Period 1134.50
	City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reimbursements Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.33638.0 Date of Disbursement 11 / 15 / 2007
	Mailing Address PO Box 9020	Amount of Each Disbursement this Period 10.76
	City Des Moines State IA Zip Code 50368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement mailing supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.33638.1 Date of Disbursement 11 / 15 / 2007
	Mailing Address 800 Anacapa Street	Amount of Each Disbursement this Period 615.00
	City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1134.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.33638.2 Date of Disbursement MM / DD / YYYY 11 / 15 / 2007
	Mailing Address PO Box 9020	Amount of Each Disbursement this Period 32.31
	City Des Moines State IA Zip Code 50368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	<b>[MEMO ITEM]</b>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.33638.3 Date of Disbursement MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 800 Anacapa Street	Amount of Each Disbursement this Period 10.40
	City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage	<b>[MEMO ITEM]</b>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.33638.4 Date of Disbursement MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 800 Anacapa Street	Amount of Each Disbursement this Period 41.00
	City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage	<b>[MEMO ITEM]</b>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 checked="" 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 type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement event supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33638.6</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 13.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address Calle Real Marketplace</p> <p>City Goleta State CA Zip Code 93117</p> <p>Purpose of Disbursement event supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33638.7</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 99.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY</p> <p>Mailing Address PO BOX 90655</p> <p>City SANTA BARBARA State CA Zip Code 93190</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33638.12</p> <p>Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)  
Jennifer Cooper

Mailing Address 222 W Anapamu #1

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
management consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33665  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	7

Amount of Each Disbursement this Period

5000.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Jennifer Cooper

Mailing Address 222 W Anapamu #1

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
management consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33668  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	7

Amount of Each Disbursement this Period

500.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Jennifer Cooper

Mailing Address 222 W Anapamu #1

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
reimbursements

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33670  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	7

Amount of Each Disbursement this Period

1132.26
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6632.26
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**TOTAL** This Period (last page this line number only) ..... ▶

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# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)  
Fresco at the Beach

Mailing Address 901 E. Cabrillo Blvd

City State Zip Code  
Santa Barbara CA 93103

Purpose of Disbursement  
event expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33670.1  
Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

548.05

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address PO Box 9020

City State Zip Code  
Des Moines IA 50368

Purpose of Disbursement  
event supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33670.3  
Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

32.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 800 Anacapa Street

City State Zip Code  
Santa Barbara CA 93101

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33670.5  
Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

311.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

TOTAL This Period (last page this line number only) ..... ▶

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.33670.6
	Mailing Address PO Box 9020	Date of Disbursement 12 / 05 / 2007
	City Des Moines State IA Zip Code 50368	Amount of Each Disbursement this Period 70.08
	Purpose of Disbursement mailing supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.33670.7
	Mailing Address PO Box 9020	Date of Disbursement 12 / 05 / 2007
	City Des Moines State IA Zip Code 50368	Amount of Each Disbursement this Period 52.53
	Purpose of Disbursement event supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.33670.8
	Mailing Address 800 Anacapa Street	Date of Disbursement 12 / 05 / 2007
	City Santa Barbara State CA Zip Code 93101	Amount of Each Disbursement this Period 82.00
	Purpose of Disbursement postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) Erickson and Company	Transaction ID: SB17.33601 Date of Disbursement 10 / 01 / 2007
	Mailing Address 38 Ivy Street SE	Amount of Each Disbursement this Period 3776.76
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Erickson and Company	Transaction ID: SB17.33627 Date of Disbursement 11 / 01 / 2007
	Mailing Address 38 Ivy Street SE	Amount of Each Disbursement this Period 3812.66
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Erickson and Company	Transaction ID: SB17.33661 Date of Disbursement 11 / 27 / 2007
	Mailing Address 38 Ivy Street SE	Amount of Each Disbursement this Period 3634.58
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11224.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fairfax Mailing</p> <p>Mailing Address 10807 Main Street Suite 200</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement mailing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33596</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 315.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rebecca Finley</p> <p>Mailing Address 1029 E. Gutierrez St.</p> <p>City Santa Barbara State CA Zip Code 93103</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33603</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 112.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rebecca Finley</p> <p>Mailing Address 1029 E. Gutierrez St.</p> <p>City Santa Barbara State CA Zip Code 93103</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33621</p> <p>Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 31.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

458.94

**TOTAL** This Period (last page this line number only) ..... ▶

**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)

PAGE 70 / 83

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy St SE  City Washington State DC Zip Code 20003  Purpose of Disbursement event expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33636 Date of Disbursement 11 / 15 / 2007  Amount of Each Disbursement this Period 408.83  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Precision Printing  Mailing Address 14544 Keswick Street  City Van Nuys State CA Zip Code 91405  Purpose of Disbursement printing expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33628 Date of Disbursement 11 / 01 / 2007  Amount of Each Disbursement this Period 567.84  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Precision Printing  Mailing Address 14544 Keswick Street  City Van Nuys State CA Zip Code 91405  Purpose of Disbursement printing expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33653 Date of Disbursement 11 / 15 / 2007  Amount of Each Disbursement this Period 3702.15  <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) ..... ▶	4678.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) Public Storage  Mailing Address 5425 Overpass Road  City Goleta State CA Zip Code 93111  Purpose of Disbursement storage rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33655 Date of Disbursement 11 / 27 / 2007  Amount of Each Disbursement this Period 1980.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust  Mailing Address 20 E. Carrillo Street  City Santa Barbara State CA Zip Code 93101  Purpose of Disbursement credit card fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33572 Date of Disbursement 10 / 03 / 2007  Amount of Each Disbursement this Period 15.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust  Mailing Address 20 E. Carrillo Street  City Santa Barbara State CA Zip Code 93101  Purpose of Disbursement bank fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33577 Date of Disbursement 10 / 11 / 2007  Amount of Each Disbursement this Period 6.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**2001.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<b>A.</b>	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust <hr/> Mailing Address 20 E. Carrillo Street <hr/> City Santa Barbara State CA Zip Code 93101 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.33573 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 305.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust <hr/> Mailing Address 20 E. Carrillo Street <hr/> City Santa Barbara State CA Zip Code 93101 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.33574 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 4.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust <hr/> Mailing Address 20 E. Carrillo Street <hr/> City Santa Barbara State CA Zip Code 93101 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.33575 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 71.25 <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>381.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)  
Santa Barbara Bank and Trust

Mailing Address 20 E. Carrillo Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement  
credit card fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33576

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

44.07

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address PO Box 505820

City The Lakes State NV Zip Code 88905

Purpose of Disbursement  
mailing expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33619

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

24.05

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address PO Box 505820

City The Lakes State NV Zip Code 88905

Purpose of Disbursement  
mailing expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33631

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

47.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

116.00

TOTAL This Period (last page this line number only) ..... ▶

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<p><b>A.</b> Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 505820</p> <p>City The Lakes State NV Zip Code 88905</p> <p>Purpose of Disbursement mailing expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33688</p> <p>Date of Disbursement 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 86.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon CA</p> <p>Mailing Address PO Box 30001</p> <p>City Inglewood State CA Zip Code 90313</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33599</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 90.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon CA</p> <p>Mailing Address PO Box 30001</p> <p>City Inglewood State CA Zip Code 90313</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33600</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 35.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>212.94</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)  
Verizon CA

Transaction ID: SB17.33630  
Date of Disbursement

Mailing Address PO Box 30001

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	7

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

36.01
-------

Purpose of Disbursement  
utilities

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Verizon CA

Transaction ID: SB17.33632  
Date of Disbursement

Mailing Address PO Box 30001

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	7

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

92.07
-------

Purpose of Disbursement  
utilities

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Verizon CA

Transaction ID: SB17.33657  
Date of Disbursement

Mailing Address PO Box 30001

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	0	7

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

36.01
-------

Purpose of Disbursement  
utilities

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

164.09
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**TOTAL** This Period (last page this line number only) ..... ►

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# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)  
Verizon CA

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313

Purpose of Disbursement  
utilities

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33659  
Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

91.94

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 4001

City Inglewood State CA Zip Code 90313

Purpose of Disbursement  
cell phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33597  
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

91.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 4001

City Inglewood State CA Zip Code 90313

Purpose of Disbursement  
cell phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.33629  
Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

91.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

275.50

TOTAL This Period (last page this line number only) ..... ▶

# 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)

PAGE 77 / 83

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 4001</p> <p>City Inglewood State CA Zip Code 90313</p> <p>Purpose of Disbursement cell phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33656</p> <p>Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 91.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Victor the Florist</p> <p>Mailing Address 135 E Anapamu Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33598</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 206.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Victor the Florist</p> <p>Mailing Address 135 E Anapamu Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.33620</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 135.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**433.90**

**TOTAL** This Period (last page this line number only) ..... ▶

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) Victor the Florist	Transaction ID: SB17.33660 Date of Disbursement 11 / 27 / 2007
	Mailing Address 135 E Anapamu Street	Amount of Each Disbursement this Period 71.01
	City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement flowers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Victor the Florist	Transaction ID: SB17.33669 Date of Disbursement 12 / 05 / 2007
	Mailing Address 135 E Anapamu Street	Amount of Each Disbursement this Period 71.01
	City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement flowers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Whole Foods	Transaction ID: SB17.33682 Date of Disbursement 12 / 05 / 2007
	Mailing Address 1440 P Street NW	Amount of Each Disbursement this Period 1174.79
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement event expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1316.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>46800.46</b>

# 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)  
Campus Democrats

Mailing Address 825 Embarcadero del Norte #10

City State Zip Code  
Goleta CA 93117

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33616  
Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
DCCC

Mailing Address 430 South Capitol St., SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33687  
Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

28575.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
DEBBIE HALVORSON FOR CONGRESS

Mailing Address 1395 C Main Street

City State Zip Code  
Crete IL 60417

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33685  
Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

29825.00

TOTAL This Period (last page this line number only) ..... ▶

# 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. DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 90655

City SANTA BARBARA State CA Zip Code 93190

Purpose of Disbursement  
event contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33681

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

50.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B. Goleta Valley Chamber of Commerce**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 781

City Goleta State CA Zip Code 93116

Purpose of Disbursement  
membership contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33658

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

220.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C. KILROY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 550 East Walnut Street  
Ste 305

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33683

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1270.00

**TOTAL** This Period (last page this line number only) ..... ▶



**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)  
NIKI TSONGAS COMMITTEE, THE

Mailing Address PO BOX 1454

City LOWELL State MA Zip Code 01853

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33617

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Partners in Education

Mailing Address 3970 La Colina Road #9

City Santa Barbara State CA Zip Code 93110

Purpose of Disbursement  
event sponsorship

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33663

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
ROBIN WEIRAUCH FOR CONGRESS

Mailing Address PO Box 301

City Napoleon State OH Zip Code 43545

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33666

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3300.00

**TOTAL** This Period (last page this line number only) ..... ▶

**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)

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<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)

VCEDA

Mailing Address 1601 Carmen Drive Ste. 215

City Oxnard State CA Zip Code 93010

Purpose of Disbursement  
membership contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.33662

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		2	7		2	0	0	7

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

34795.00

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 83 / 83	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Lois Capps

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Jennifer Severance	Nature of Debt (Purpose): Restitution for Unauth. Expenditures					
Mailing Address 1718 N. Harrison						
<table border="0"> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </table>		City	State	ZIP Code	Boise	ID
City	State	ZIP Code				
Boise	ID	83702				

Outstanding Balance Beginning This Period	<b>Transaction ID: SD9.22725</b>	
126100.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	126100.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	126100.00
2) <b>TOTALS</b> This Period (last page this line number only).....	126100.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	126100.00