

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Lois Capps

ADDRESS (number and street) PO Box 23940

Check if different than previously reported. (ACC)

Santa Barbara CA 93121

2. **FEC IDENTIFICATION NUMBER** C00331389

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

CA 23

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 02 2010 in the State of CA

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chris Reed

Signature of Treasurer Electronically Filed by Chris Reed Date 12 28 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	35503.00	880649.06
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	35503.00	880499.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	81772.01	535273.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3998.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81772.01	531275.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	515773.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	121075.00	
10. Debts and Obligations Owed BY 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	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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	12444.00	373329.26
(i) Itemized (use Schedule A).....	4059.00	114964.00
(ii) Unitemized.....	16503.00	488293.26
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	19000.00	392355.80
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	35503.00	880649.06
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	3998.56
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	8573.40
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	35503.00	893221.02

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	81772.01	535273.69
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	150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	150.00
21. OTHER DISBURSEMENTS.....	4000.00	262129.11
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	85772.01	797552.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	566042.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	35503.00
25. SUBTOTAL (add Line 23 and Line 24).....	601545.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	85772.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	515773.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 32
	(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"/> 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) Susan Adams		Date of Receipt
	Mailing Address 755 Mission Canyon Road		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Santa Barbara	CA	93103
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42498
Name of Employer		Occupation	Amount of Each Receipt this Period
		retired	<input type="text" value="50.00"/>
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="225.00"/>	

B.	Full Name (Last, First, Middle Initial) Laurie Ashton		Date of Receipt
	Mailing Address 5350 S. Kenyon St.		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Seattle	WA	98118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42566
Name of Employer		Occupation	Amount of Each Receipt this Period
Keller Rohrback		Attorney	<input type="text" value="1000.00"/>
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="3000.00"/>	

C.	Full Name (Last, First, Middle Initial) Bruce Bennett		Date of Receipt
	Mailing Address 526 South Street Apt. E		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	San Luis Obispo	CA	93401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42517
Name of Employer		Occupation	Amount of Each Receipt this Period
Retired		Retired	<input type="text" value="25.00"/>
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="375.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1075.00"/>
TOTAL 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: (check only one)	PAGE 6 / 32
	<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

A.	Full Name (Last, First, Middle Initial) Ray Bracken	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 765 Highland Drive	Transaction ID: SA11AI.42516
	City State Zip Code Los Osos CA 93402	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Jesus Manuel Casas	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 317 E. Padre Road	Transaction ID: SA11AI.42555
	City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UCSB Professor	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Abbie Chapman	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 1528 Richard Ave.	Transaction ID: SA11AI.42546
	City State Zip Code Cambria CA 93428	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Television Producer	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	2550.00
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 7 / 32
	<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

A.

Full Name (Last, First, Middle Initial)
Allen Cohen

Mailing Address 2051 Cliff Drive Street Apt. 14

City Santa Barbara State CA Zip Code 93109

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 10 / 09 / 2010
Transaction ID: SA11AI.42580
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth Anne Dunn

Mailing Address 333 Old Mill Road Space 127

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 280.00

Date of Receipt 10 / 12 / 2010
Transaction ID: SA11AI.42503
Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Judy Egenolf

Mailing Address 130 E. Carrillo

City Santa Barbara State CA Zip Code 93101

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

Name of Employer Egenolf Associates Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 12 / 2010
Transaction ID: SA11AI.42504
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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 8 / 32
	<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

A.	Full Name (Last, First, Middle Initial) G.W. Elliott		Date of Receipt
	Mailing Address 1249 Camino Meleno		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Santa Barbara	CA	93111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42502
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		psychologist	<input type="text"/> 50.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Patricia S. Foley		Date of Receipt
	Mailing Address 515 Braemar Ranch Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Santa Barbara	CA	93109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42483
Name of Employer Self-Foley, Bezek & Komoroske		Occupation	Amount of Each Receipt this Period
Homemaker			<input type="text"/> 50.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Georgia Funsten		Date of Receipt
	Mailing Address 247 Olive Mill Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Santa Barbara	CA	93108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42470
Name of Employer		Occupation	Amount of Each Receipt this Period
retired			<input type="text"/> 200.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 700.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL 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 9 / 32
(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)
Christine Gallas

Mailing Address 631 Daniel 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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0
Transaction ID: SA11AI.42488

B. Full Name (Last, First, Middle Initial)
George Gaynes

Mailing Address 3344 Campanil Drive

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
McLerie-Gaynes, Inc. Actor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0
Transaction ID: SA11AI.42545

C. Full Name (Last, First, Middle Initial)
Gary Goldberg

Mailing Address PO Box 491578

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
UBU Productions Writer/Producer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 1 0
Transaction ID: SA11AI.42481

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

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 10 / 32
(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)
John Gustave Wolschlaeger

Mailing Address P.O. Box 23541

City State Zip Code
Santa Barbara CA 93121

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

Name of Employer Occupation
The Farmer Boy server

Receipt For: 2010 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 1 0

Transaction ID: SA11AI.42552

Amount of Each Receipt this Period
44.00

1019.00

B. Full Name (Last, First, Middle Initial)
Mark Hamilton

Mailing Address 820 Coronel Street

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.42573

Amount of Each Receipt this Period
500.00

750.00

C. Full Name (Last, First, Middle Initial)
June Kelley

Mailing Address 2916 La Combadura Road

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.42496

Amount of Each Receipt this Period
25.00

225.00

SUBTOTAL of Receipts This Page (optional) ► **569.00**

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 11 / 32
	(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) Herbert Kendall		Date of Receipt
	Mailing Address 1185 Fife Lane		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Montecito	CA	93108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.42473
		Retired	
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) JoEtta McClintock		Date of Receipt
	Mailing Address P. O. Box 50205		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Santa Barbara	CA	93150
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.42457
Peace Corps		Medical Technician	
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Diana Meehan		Date of Receipt
	Mailing Address P. O. Box 491578		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Los Angeles	CA	90049
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.42479
Goldberg & Meehan		Business Manager	
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1600.00"/>
TOTAL 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: (check only one)	PAGE 12 / 32
	<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) Wendy Minot		Date of Receipt
	Mailing Address 1165 Mesa Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Santa Barbara	CA	93108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42561
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 350.00	

B.	Full Name (Last, First, Middle Initial) Wendy Minot		Date of Receipt
	Mailing Address 1165 Mesa Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Santa Barbara	CA	93108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42562
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 600.00	

C.	Full Name (Last, First, Middle Initial) Frank Oakes		Date of Receipt
	Mailing Address 417 E. Hueneme Road #170		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Port Hueneme	CA	93041
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42570
Name of Employer Stellar Biotech Inc.		Occupation CEO	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL 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 13 / 32
	(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) John Simpson		Date of Receipt
	Mailing Address 1444 Las Encinas Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Los Osos	CA	93402
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.42568
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) John Sonquist		Date of Receipt
	Mailing Address 4461 Nueces Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Santa Barbara	CA	93110
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.42506
Name of Employer Retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 415.00	

C.	Full Name (Last, First, Middle Initial) Julie Steckel, L.C.S.W.		Date of Receipt
	Mailing Address 1126 Bel Air Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Santa Barbara	CA	93105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.42492
Name of Employer self		Occupation psychotherapist	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 550.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 175.00
TOTAL 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 14 / 32
(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)
Lila Trachtenberg

Mailing Address 266 Canon Drive

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11AI.42466

Amount of Each Receipt this Period
200.00

300.00

B. Full Name (Last, First, Middle Initial)
Sandra Tripp-Jones

Mailing Address 1061 Garcia Road

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
Sentient Systems, Inc. consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11AI.42490

Amount of Each Receipt this Period
100.00

650.00

C. Full Name (Last, First, Middle Initial)
Dianne Vapnek

Mailing Address 1920 Garden

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11AI.42572

Amount of Each Receipt this Period
2000.00

2000.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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 15 / 32
	(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) Harold Votey		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 1127 Harbor Hills Lane		Transaction ID: SA11AI.42453
City Santa Barbara	State CA	Zip Code 93109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer UCSB	Occupation Professor	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) John Zaragoza		Date of Receipt MM / DD / YYYY 10 / 02 / 2010
Mailing Address 2303 Hidden Valley Court		Transaction ID: SA11AI.42475
City Oxnard	State CA	Zip Code 93036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation real estate broker	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	12444.00

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

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

FOR LINE NUMBER: PAGE 16 / 32

(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 PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code
BETHESDA MD 20814

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

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

Transaction ID: SA11C.42434

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL PAC (CAPG FEDERAL PAC)

Mailing Address 915 WILSHIRE BLVD SUITE 1620

City State Zip Code
LOS ANGELES CA 90017

FEC ID number of contributing federal political committee. **C** C00461756

Name of Employer Occupation

Receipt For: 2010
 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 1 0

Transaction ID: SA11C.42446

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
EDISON INTERNATIONAL PAC

Mailing Address 520 S GRAND AVENUE SUITE 700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer Occupation

Receipt For: 2010
 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 6 / 2 0 1 0

Transaction ID: SA11C.42432

Amount of Each Receipt this Period

1000.00

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

FOR LINE NUMBER: PAGE 17 / 32
(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)
GREEN HILLS SOFTWARE

Mailing Address 1120 G STREET NW SUITE 1020

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00441386

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

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

Transaction ID: SA11C.42447

Amount of Each Receipt this Period
500.00

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

Mailing Address 1125 17 STREET NW

City State Zip Code
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

Transaction ID: SA11C.42439

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF N.A.

Mailing Address 905 16th St. N.W.
Second Floor

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: SA11C.42442

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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 18 / 32
(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 AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCO) Receipt
 Mailing Address 1325 Massachusetts Ave. NW
 City Washington State DC Zip Code 20005
 Date of Receipt: M M / D D / Y Y Y Y Y
 1 0 / 0 2 / 2 0 1 0
Transaction ID: SA11C.42444
 Amount of Each Receipt this Period: 1000.00
 FEC ID number of contributing federal political committee: **C** C00238725
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE
 Mailing Address 430 North Michigan Avenue
 City Chicago State IL Zip Code 60611
 Date of Receipt: M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 1 0
Transaction ID: SA11C.42449
 Amount of Each Receipt this Period: 1000.00
 FEC ID number of contributing federal political committee: **C** C00030718
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 8000.00

C. Full Name (Last, First, Middle Initial)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE
 Mailing Address 202 SAN JOSE AVENUE
 City CAPITOLA State CA Zip Code 95010
 Date of Receipt: M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 1 0
Transaction ID: SA11C.42438
 Amount of Each Receipt this Period: 500.00
 FEC ID number of contributing federal political committee: **C** C00393769
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
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 / 32
(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)
PG&E CORPORATION EMPLOYEES ENERGY PAC

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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

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

Transaction ID: SA11C.42430

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SAFEWAY INC. POLITICAL ACTION COMMITTEE (SAFEWAY PAC)

Mailing Address 5918 Stoneridge Mall Rd

City State Zip Code
Pleasanton CA 94588

FEC ID number of contributing federal political committee. **C** C00194084

Name of Employer Occupation

Receipt For: 2010
 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 8 / 2 0 1 0

Transaction ID: SA11C.42595

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address 275 Seventh Ave. 10th Floor

City State Zip Code
New York NY 10001

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

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

Transaction ID: SA11C.42440

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

TOTAL This Period (last page this line number only) ► 19000.00

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)
ActBlue Technical Services

Transaction ID: SB17.42585
Date of Disbursement

Mailing Address P.O. Box 382110

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

City State Zip Code
Cambridge MA 02238

Amount of Each Disbursement this Period

24.69

Purpose of Disbursement
contribution processing fee

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Transaction ID: SB17.42586
Date of Disbursement

Mailing Address P.O. Box 382110

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

City State Zip Code
Cambridge MA 02238

Amount of Each Disbursement this Period

12.26

Purpose of Disbursement
contribution processing fee

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Transaction ID: SB17.42584
Date of Disbursement

Mailing Address P.O. Box 382110

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

City State Zip Code
Cambridge MA 02238

Amount of Each Disbursement this Period

171.86

Purpose of Disbursement
contribution processing fee

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

208.81

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 21 / 32

<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: SB17.42403 Date of Disbursement																			
	Mailing Address 908 N. Hollywood Way	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	1	/	2	0	1	0												
	City Burbank State CA Zip Code 91505	Amount of Each Disbursement this Period																			
	Purpose of Disbursement mailing expenses	<table border="1"><tr><td>13224.56</td></tr></table>	13224.56																		
13224.56																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Brenna Barber	Transaction ID: SB17.42392 Date of Disbursement																			
	Mailing Address 1256 W 29TH ST APT 201	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	1	/	2	0	1	0												
	City Los Angeles State CA Zip Code 90007	Amount of Each Disbursement this Period																			
	Purpose of Disbursement campaign consulting	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Brenna Barber	Transaction ID: SB17.42407 Date of Disbursement																			
	Mailing Address 1256 W 29TH ST APT 201	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	7	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	7	/	2	0	1	0												
	City Los Angeles State CA Zip Code 90007	Amount of Each Disbursement this Period																			
	Purpose of Disbursement travel reimbursement	<table border="1"><tr><td>891.81</td></tr></table>	891.81																		
891.81																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>18116.37</td></tr></table>	18116.37
18116.37		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
Aaron Belkin

Transaction ID: SB17.42428
Date of Disbursement

Mailing Address 550 S. Van Ness #407

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

City State Zip Code
San Francisco CA 94110

Amount of Each Disbursement this Period

623.40

Purpose of Disbursement
travel reimbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Lois Capps

Transaction ID: SB17.42408
Date of Disbursement

Mailing Address 1724 Santa Barbara St.

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

City State Zip Code
Santa Barbara CA 93101

Amount of Each Disbursement this Period

28.00

Purpose of Disbursement
travel reimbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Carla Castilla

Transaction ID: SB17.42390
Date of Disbursement

Mailing Address 1110 Navato Dr

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

City State Zip Code
Oxnard CA 93035

Amount of Each Disbursement this Period

4500.00

Purpose of Disbursement
campaign consulting

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

5151.40

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

<p>A. Full Name (Last, First, Middle Initial) Jennifer Cooper</p> <p>Mailing Address 1333 Tomol Drive</p> <p>City Carpinteria State CA Zip Code 93013</p> <p>Purpose of Disbursement management consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.42386</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Jennifer Cooper</p> <p>Mailing Address 1333 Tomol Drive</p> <p>City Carpinteria State CA Zip Code 93013</p> <p>Purpose of Disbursement reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.42409</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3864.24"/></p>
<p>C. Full Name (Last, First, Middle Initial) Dr. Don's Buttons, Badges and Magnets</p> <p>Mailing Address 3906 W. Morrow Drive</p> <p>City Glendale State AZ Zip Code 85308</p> <p>Purpose of Disbursement campaign supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.42409.0</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="564.93"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="9364.24"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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) US Postmaster Mailing Address 800 Anacapa Street City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42409.1 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 1276.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Staples Mailing Address PO Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement office and printing supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42409.2 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 686.58 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Fedex Office Mailing Address PO Box 530257 City Atlanta State GA Zip Code 30353 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42409.3 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 40.24 [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

<p>A. 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 and office 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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.42409.6</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">457.07</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	1	0	457.07
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	1	/	2	0	1	0													
457.07																						
<p>B. Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement cell phones</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.42409.7</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">781.34</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	1	0	781.34
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	1	/	2	0	1	0													
781.34																						
<p>C. Full Name (Last, First, Middle Initial) Copy Right Printing</p> <p>Mailing Address 5710 Hollister Ave</p> <p>City Goleta State CA Zip Code 93117</p> <p>Purpose of Disbursement printing</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.42400</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">408.79</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	1	0	408.79
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	1	/	2	0	1	0													
408.79																						

SUBTOTAL of Disbursements This Page (optional) ▶

408.79

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) Erickson and Company Mailing Address 38 Ivy Street SE City Washington State DC Zip Code 20003 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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42394 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 3655.75
B.	Full Name (Last, First, Middle Initial) JSTREETPAC Mailing Address PO Box 33106 City Washington State DC Zip Code 20033 Purpose of Disbursement contribution processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42583 Date of Disbursement 10 / 07 / 2010 Amount of Each Disbursement this Period 1.17
C.	Full Name (Last, First, Middle Initial) Danielle LeTendre Mailing Address 1409 E. Abingdon Road #1 City Alexandria State VA Zip Code 22314 Purpose of Disbursement campaign consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42393 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 6000.00

SUBTOTAL of Disbursements This Page (optional)	9656.92
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>A. Full Name (Last, First, Middle Initial) New Media Campaigns</p> <p>Mailing Address 605 W. Main #206</p> <p>City Carrboro State NC Zip Code 27516</p> <p>Purpose of Disbursement web design</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.42395</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3234.34</p>
<p>B. Full Name (Last, First, Middle Initial) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement printing</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.42402</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 10475.64</p>
<p>C. Full Name (Last, First, Middle Initial) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement printing</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.42421</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 16697.95</p>

SUBTOTAL of Disbursements This Page (optional) ▶

30407.93

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) Smart and Final Mailing Address 300 E. Gutierrez City Santa Barbara State CA Zip Code 93103 Purpose of Disbursement meeting supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42600 Date of Disbursement 10 / 10 / 2010 Amount of Each Disbursement this Period 14.35
B.	Full Name (Last, First, Middle Initial) Staples Mailing Address PO Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42588 Date of Disbursement 10 / 13 / 2010 Amount of Each Disbursement this Period 130.49
C.	Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 742596 City Cincinnati State OH Zip Code 45274 Purpose of Disbursement phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42593 Date of Disbursement 10 / 04 / 2010 Amount of Each Disbursement this Period 286.96

SUBTOTAL of Disbursements This Page (optional) ▶

431.80

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)
Ventura County Star

Transaction ID: SB17.42404
Date of Disbursement

Mailing Address PO Box 6711

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

City State Zip Code
Ventura CA 93006

Amount of Each Disbursement this Period

1300.00

Purpose of Disbursement
advertising

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Amanda Wallner

Transaction ID: SB17.42387
Date of Disbursement

Mailing Address 580 Zink Avenue

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

City State Zip Code
Santa Barbara CA 93111

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
campaign consulting

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Devon Wardlow

Transaction ID: SB17.42389
Date of Disbursement

Mailing Address 5145 Rhoads Ave

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

City State Zip Code
Santa Barbara CA 93111

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
campaign consulting

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

7300.00

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

81046.26

**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. BILL FOSTER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 14

Transaction ID: SB21.42423

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

B. IKE SKELTON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 04

Transaction ID: SB21.42424

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

C. SCHAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 100

City BATTLE CREEK State MI Zip Code 49016

Purpose of Disbursement contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 07

Transaction ID: SB21.42427

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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)

PAGE 31 / 32

<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)
SPRATT FOR CONGRESS COMMITTEE

Transaction ID: SB21.42426

Date of Disbursement

Mailing Address PO BOX 830

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

City YORK State SC Zip Code 29745

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 05

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

4000.00

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

(Use separate schedule(s) for each numbered line)	PAGE 32 / 32	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Friends of Lois Capps

A. 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			
City Boise	State ID	ZIP Code 83702	

Outstanding Balance Beginning This Period		Transaction ID: SD9.22725	
121075.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	121075.00	

1) SUBTOTALS This Period This Page (optional).....	121075.00
2) TOTALS This Period (last page this line number only).....	121075.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	121075.00