

**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

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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

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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
