25020152172
25020152172

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
05 APR 18 PM 4:16
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 Barbara Boxer

ADDRESS (number and street) ▼ Post Office Box 641751

☐ Check if different than previously reported. (ACC)

Los Angeles | CA | 90064

2. FEC IDENTIFICATION NUMBER ▼ C00279315

CITY ▲ | STATE ▲ | ZIP CODE ▲

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

STATE ▼ DISTRICT: CA 00

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 ____ ____ ____ in the State of ____

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

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

Election on ____ ____ ____ in the State of ____

5. Covering Period 01 01 2005 through 03 31 2005

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: Andrew Wender, Asst. Treas.

Signature of Treasurer: _____ Date 04 13 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

25020152173

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Barbara Boxer

Report Covering the Period: From: M M 01 D D 01 Y Y Y Y 2005 To: M M 03 D D 31 Y Y Y Y 2005

	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))	1340.00	29961.87
(b) Total Contribution Refunds (from Line 20(d))	1293.20	5098.20
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	46.80	24863.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	110516.98	747068.92
(b) Total Offsets to Operating Expenditures (from Line 14)	16751.86	37538.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	93765.12	709530.36
8. Cash on Hand at Close of Reporting Period (from Line 27)	878752.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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

25020152174

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Barbara Boxer

Report Covering the Period: From: 01 01 2005 To: 03 31 2005

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)	0.00	8250.00
(ii) Unitemized	1340.00	18261.87
(iii) TOTAL of contributions from individuals ▶	1340.00	26511.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	0.00	3450.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1340.00	29961.87
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	90000.00
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.)	16751.86	37538.56
15. OTHER RECEIPTS (Dividends, Interest, etc.)	804.26	1404.71
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	18896.12	158905.14

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	110516.98	747068.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	250000.00
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	3805.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1293.20	1293.20
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	1293.20	5098.20
21. OTHER DISBURSEMENTS	35803.00	42553.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	147613.18	1044720.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	807469.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	18896.12
25. SUBTOTAL (add Line 23 and Line 24)	826365.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	147613.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	678752.21

25020152176

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 69
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Barbara Boxer
Mailing Address 112 Hart Senate Office Building
City: Washington State: DC Zip Code: 20510
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 255.00

Date of Receipt: 02 / 24 / 2005
Transaction ID: C162953
Amount of Each Receipt this Period: 255.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Purchase of Campaign Assets

B.
Full Name (Last, First, Middle Initial)
Jordan Real Estate Investments
Mailing Address 469 Ninth Street #210
City: Oakland State: CA Zip Code: 94607
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 2700.00

Date of Receipt: 02 / 18 / 2005
Transaction ID: C162991
Amount of Each Receipt this Period: 2700.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Refund of Deposit

C.
Full Name (Last, First, Middle Initial)
Gloria Littman
Mailing Address 109 Croydon Ct
City: Albertson State: NY Zip Code: 11507-2207
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 632.00

Date of Receipt: 01 / 10 / 2005
Transaction ID: C162891
Amount of Each Receipt this Period: 210.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Purchase of Campaign Assets

SUBTOTAL of Receipts This Page (optional) ▶ 3165.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6/68
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
PAC For A Change
Mailing Address 777 S. Figueroa Street, Suite 4050
City: Los Angeles State: CA Zip Code: 90017
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 1207.68

Date of Receipt: 03 30 2005
Transaction ID: C162989
Amount of Each Receipt this Period: 1207.68
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Email List Rental

B. Full Name (Last, First, Middle Initial)
Park La Brea Apartments
Mailing Address 6200 West Third Street
City: Los Angeles State: CA Zip Code: 90036
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 725.98

Date of Receipt: 03 16 2005
Transaction ID: C162986
Amount of Each Receipt this Period: 725.98
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Refund of Deposit

C. Full Name (Last, First, Middle Initial)
PG & E
Mailing Address Box 997300
City: Sacramento State: CA Zip Code: 95899-7300
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 240.77

Date of Receipt: 03 16 2005
Transaction ID: C162985
Amount of Each Receipt this Period: 240.77
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Refund of Deposit

SUBTOTAL of Receipts This Page (optional) ▶ 2174.43

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7/68
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Ricoh Business Systems
Mailing Address 5870 Wilshire Blvd. #120
City: Los Angeles State: CA Zip Code: 90036
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 562.90

Date of Receipt: 02 25 2005
Transaction ID: C162956
Amount of Each Receipt this Period: 562.90
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Refund

B.
Full Name (Last, First, Middle Initial)
Virgin Entertainment Group, Inc.
Mailing Address 5757 Wilshire Blvd. #300
City: Los Angeles State: CA Zip Code: 90032
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 10125.00

Date of Receipt: 02 04 2005
Transaction ID: C162990
Amount of Each Receipt this Period: 10125.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Refund of Deposit

C.
Full Name (Last, First, Middle Initial)
XO Management Services, INC.
Mailing Address PO Box 3064
City: Livonia State: MI Zip Code: 48151
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 596.68

Date of Receipt: 02 25 2005
Transaction ID: C162955
Amount of Each Receipt this Period: 596.68
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Refund

SUBTOTAL of Receipts This Page (optional) ▶ 11284.58

TOTAL This Period (last page this line number only) ▶ 16624.01

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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 / 63

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

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Bank of Marin
Mailing Address Post Office Box L
City: Novato State: CA Zip Code: 94948
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 623.49

Date of Receipt: 01 31 2005
Transaction ID: C163001
Amount of Each Receipt this Period: 112.82
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

B. Full Name (Last, First, Middle Initial)
Bank of Marin
Mailing Address Post Office Box L
City: Novato State: CA Zip Code: 94948
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 623.49

Date of Receipt: 02 28 2005
Transaction ID: C163002
Amount of Each Receipt this Period: 101.97
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

C. Full Name (Last, First, Middle Initial)
Bank of Marin
Mailing Address Post Office Box L
City: Novato State: CA Zip Code: 94948
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 623.49

Date of Receipt: 03 22 2005
Transaction ID: C163004
Amount of Each Receipt this Period: 66.67
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

SUBTOTAL of Receipts This Page (optional) ▶ 281.46

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

25020152180

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 68
(check only one)
[ ] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [X] 15

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Bank of Marin
Mailing Address Post Office Box L
City: Novato State: CA Zip Code: 94948
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 623.49

Date of Receipt: 03 31 2005
Transaction ID: C163003
Amount of Each Receipt this Period: 112.95
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

B.
Full Name (Last, First, Middle Initial)
Merrill Lynch
Mailing Address 1325 Franklin Avenue
City: Garden City State: NY Zip Code: 11530
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 347.77

Date of Receipt: 01 31 2005
Transaction ID: C163005
Amount of Each Receipt this Period: 63.59
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

C.
Full Name (Last, First, Middle Initial)
Merrill Lynch
Mailing Address 1325 Franklin Avenue
City: Garden City State: NY Zip Code: 11530
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 347.77

Date of Receipt: 02 28 2005
Transaction ID: C163006
Amount of Each Receipt this Period: 70.36
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

SUBTOTAL of Receipts This Page (optional) ▶ 246.90

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 68
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Merrill Lynch
Mailing Address 1325 Franklin Avenue
City: Garden City State: NY Zip Code: 11530
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 347.77
Date of Receipt: 03 / 31 / 2005
Transaction ID: C163007
Amount of Each Receipt this Period: 86.27
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

B. Full Name (Last, First, Middle Initial)
Salomon Smith Barney
Mailing Address 555 California Street, Suite 3900
City: San Francisco State: CA Zip Code: 94104
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 424.45
Date of Receipt: 01 / 14 / 2005
Transaction ID: C163008
Amount of Each Receipt this Period: 36.43
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

C. Full Name (Last, First, Middle Initial)
Salomon Smith Barney
Mailing Address 555 California Street, Suite 3900
City: San Francisco State: CA Zip Code: 94104
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 424.45
Date of Receipt: 02 / 11 / 2005
Transaction ID: C163009
Amount of Each Receipt this Period: 69.61
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

SUBTOTAL of Receipts This Page (optional) ▶ 182.31

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

25020152182

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) | PAGE 11 / 68

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

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Salomon Smith Barney

Mailing Address 555 California Street, Suite 3900

City: San Francisco | State: CA | Zip Code: 94104

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date: 424.45

Date of Receipt: 03 11 2005

Transaction ID: C163010

Amount of Each Receipt this Period: 78.27

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

Interest

SUBTOTAL of Receipts This Page (optional) ▶	78.27
TOTAL This Period (last page this line number only) ▶	798.94

25020152183

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Admiral Limousine Service, Inc.
Mailing Address 913 N. Benson Ave
City: Upland State: CA Zip Code: 91786
Purpose of Disbursement: Transportation
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9104
Date of Disbursement: 01 / 22 / 2005
Amount of Each Disbursement this Period: 115.17
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Admiral Limousine Service, Inc.
Mailing Address 913 N. Benson Ave
City: Upland State: CA Zip Code: 91786
Purpose of Disbursement: Transportation
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9245
Date of Disbursement: 03 / 12 / 2005
Amount of Each Disbursement this Period: 112.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
American Express
Mailing Address PO Box 1270
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: Merchant Fees
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9109
Date of Disbursement: 01 / 03 / 2005
Amount of Each Disbursement this Period: 4.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 232.17

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

25020152184

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 1270

City: Newark State: NJ Zip Code: 07101

Purpose of Disbursement: Merchant Fees

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9112
Date of Disbursement: 01 / 05 / 2005

Amount of Each Disbursement this Period: 6.04

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

B.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 1270

City: Newark State: NJ Zip Code: 07101

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9108
Date of Disbursement: 02 / 01 / 2005

Amount of Each Disbursement this Period: 4.50

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

C.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 1270

City: Newark State: NJ Zip Code: 07101

Purpose of Disbursement: Bank Charges

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9107
Date of Disbursement: 02 / 07 / 2005

Amount of Each Disbursement this Period: 3.53

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

SUBTOTAL of Disbursements This Page (optional) ▶ 14.07

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

25020152185

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Ashcraft Music Services
Mailing Address 11202 Raging Brook Drive
City: Bowie State: MD Zip Code: 20720
Purpose of Disbursement: Campaign Event Expenses
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9119
Date of Disbursement: 01/12/2005
Amount of Each Disbursement this Period: 887.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Blackrock Associates, LLC
Mailing Address 1027 Jackson Street
City: San Francisco State: CA Zip Code: 94133
Purpose of Disbursement: Database Services
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9124
Date of Disbursement: 02/12/2005
Amount of Each Disbursement this Period: 2300.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Cablevision
Mailing Address PO Box 9202
City: Uniondale State: NY Zip Code: 11555-9202
Purpose of Disbursement: Internet Services
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9125
Date of Disbursement: 01/11/2005
Amount of Each Disbursement this Period: 35.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3223.45

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

25020152186

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Cablevision
Mailing Address PO Box 9202
City Uniondale State NY Zip Code 11555-9202
Purpose of Disbursement
Internet Services
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D912B
Date of Disbursement 01 29 2005
Amount of Each Disbursement this Period 40.45
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Cablevision
Mailing Address PO Box 9202
City Uniondale State NY Zip Code 11555-9202
Purpose of Disbursement
Internet Services
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9127
Date of Disbursement 02 24 2005
Amount of Each Disbursement this Period 22.47
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Cablevision
Mailing Address PO Box 9202
City Uniondale State NY Zip Code 11555-9202
Purpose of Disbursement
Internet Services
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9257
Date of Disbursement 03 26 2005
Amount of Each Disbursement this Period 22.48
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 85.40

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

25020152187

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Merchant Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9133
Date of Disbursement: 01 / 03 / 2005
Amount of Each Disbursement this Period: 75.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Bank Charges
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9134
Date of Disbursement: 01 / 04 / 2005
Amount of Each Disbursement this Period: 10.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Bank Charges
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9136
Date of Disbursement: 01 / 05 / 2005
Amount of Each Disbursement this Period: 7.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 92.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Bank Charges
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9137
Date of Disbursement: 01 / 07 / 2005
Amount of Each Disbursement this Period: 16.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Bank Charges
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9129
Date of Disbursement: 01 / 10 / 2005
Amount of Each Disbursement this Period: 35.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Bank Charges
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9142
Date of Disbursement: 02 / 02 / 2005
Amount of Each Disbursement this Period: 10.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 61.00

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

25020152189

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Merchant Fees
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9141
Date of Disbursement: 02 / 08 / 2005
Amount of Each Disbursement this Period: 16.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Bank Charges
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9140
Date of Disbursement: 02 / 10 / 2005
Amount of Each Disbursement this Period: 35.28
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Bank Charges
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9260
Date of Disbursement: 03 / 02 / 2005
Amount of Each Disbursement this Period: 10.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 61.28

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

25020152190

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Merchant Fees
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9261
Date of Disbursement: 03 / 08 / 2005
Amount of Each Disbursement this Period: 16.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Merchant Fees
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9262
Date of Disbursement: 03 / 10 / 2005
Amount of Each Disbursement this Period: 35.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
California Democratic Party
Mailing Address PO Box 180487
City: Sacramento State: CA Zip Code: 95816
Purpose of Disbursement: Registration Fee
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9263
Date of Disbursement: 03 / 15 / 2005
Amount of Each Disbursement this Period: 750.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 801.00

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

25020152191

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 20 / 68

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Pacific

Transaction ID: D9144
Date of Disbursement
01 / 29 / 2005

Mailing Address 426 Monterey Road

City: Pacifica
State: CA
Zip Code: 94044

Amount of Each Disbursement this Period: 797.55

Purpose of Disbursement: Transportation

Candidate Name

Category/Type

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

B.
Full Name (Last, First, Middle Initial)
Douglas Boxer & Associates

Transaction ID: D9152
Date of Disbursement
01 / 01 / 2005

Mailing Address 300 Frank Ogawa Plaza, Suite 500

City: Oakland
State: CA
Zip Code: 94612

Amount of Each Disbursement this Period: 6000.00

Purpose of Disbursement: Political Consulting Services

Candidate Name

Category/Type

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

C.
Full Name (Last, First, Middle Initial)
Douglas Boxer & Associates

Transaction ID: D9151
Date of Disbursement
02 / 01 / 2005

Mailing Address 300 Frank Ogawa Plaza, Suite 500

City: Oakland
State: CA
Zip Code: 94612

Amount of Each Disbursement this Period: 6000.00

Purpose of Disbursement: Political Consulting Services

Candidate Name

Category/Type

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 12797.55

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

25020152192

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Douglas Boxer & Associates
Mailing Address 300 Frank Ogawa Plaza, Suite 500
City: Oakland State: CA Zip Code: 94612
Purpose of Disbursement: Political Consulting Services
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9265
Date of Disbursement: 03 / 01 / 2005
Amount of Each Disbursement this Period: 2000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Executive Solutions, Inc.
Mailing Address 270 N. Canon Drive #1141
City: Beverly Hills State: CA Zip Code: 90210
Purpose of Disbursement: Campaign Event Expenses
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9153
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 200.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Federal Express
Mailing Address PO Box 1140
City: Memphis State: TN Zip Code: 38101
Purpose of Disbursement: Overnight Delivery
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9155
Date of Disbursement: 01 / 12 / 2005
Amount of Each Disbursement this Period: 134.03
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2334.03

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

25020152193

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Federal Express

Transaction ID: D9154
Date of Disbursement: 01 / 22 / 2005

Mailing Address: PO Box 1140

City: Memphis State: TN Zip Code: 38101

Amount of Each Disbursement this Period: 112.91

Purpose of Disbursement: Overnight Delivery

Candidate Name:

Category/Type:

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
Federal Express

Transaction ID: D9155
Date of Disbursement: 02 / 03 / 2005

Mailing Address: PO Box 1140

City: Memphis State: TN Zip Code: 38101

Amount of Each Disbursement this Period: 125.83

Purpose of Disbursement: Overnight Delivery

Candidate Name:

Category/Type:

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Federal Express

Transaction ID: D9267
Date of Disbursement: 03 / 02 / 2005

Mailing Address: PO Box 1140

City: Memphis State: TN Zip Code: 38101

Amount of Each Disbursement this Period: 18.64

Purpose of Disbursement: Overnight Delivery

Candidate Name:

Category/Type:

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 255.38

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

25020152194

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
First Visa Bank, NA
Mailing Address PO Box 50882
City Henderson State NV Zip Code 89016
Purpose of Disbursement
Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9159
Date of Disbursement 01 / 14 / 2005
Amount of Each Disbursement this Period 24.21
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Franchise Tax Board
Mailing Address PO Box 942857
City Sacramento State CA Zip Code 94257
Purpose of Disbursement
2004 Form 100 - CA Taxes
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9271
Date of Disbursement 03 / 15 / 2005
Amount of Each Disbursement this Period 1787.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Internal Revenue Service
Mailing Address PO Box 8788
City Philadelphia State PA Zip Code 19162
Purpose of Disbursement
2004 1120 POL Taxes
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9279
Date of Disbursement 03 / 15 / 2005
Amount of Each Disbursement this Period 2810.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4821.21

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

25020152195

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Katherine Merrill
Mailing Address 33 Beverly Rd
City Kensington State CA Zip Code 94707
Purpose of Disbursement
Reimbursement of Travel Expenses
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9309
Date of Disbursement 02 / 03 / 2005
Amount of Each Disbursement this Period 63.10
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
KC Catering
Mailing Address 2131 - 19th Street
City San Francisco State CA Zip Code 94116
Purpose of Disbursement
Campaign Event Expenses
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9170
Date of Disbursement 01 / 14 / 2005
Amount of Each Disbursement this Period 10000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Gloria Littman
Mailing Address 109 Croyden Ct
City Albertson State NY Zip Code 11507-2207
Purpose of Disbursement
Administrative/Financial Consulting
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9164
Date of Disbursement 01 / 11 / 2005
Amount of Each Disbursement this Period 5175.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 15238.10

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

25020152196

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Gloria Littman
Mailing Address 109 Croydon Ct
City Albertson State NY Zip Code 11507-2207
Purpose of Disbursement
Administrative/Financial Consulting
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9165
Date of Disbursement 02 / 02 / 2005
Amount of Each Disbursement this Period 6150.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Gloria Littman
Mailing Address 109 Croydon Ct
City Albertson State NY Zip Code 11507-2207
Purpose of Disbursement
Administrative/Financial Consulting
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9275
Date of Disbursement 03 / 02 / 2005
Amount of Each Disbursement this Period 1350.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Navisite, Inc.
Mailing Address PO Box 83072
City Woburn State MA Zip Code 01813-3072
Purpose of Disbursement
Website Maintenance
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9180
Date of Disbursement 01 / 22 / 2005
Amount of Each Disbursement this Period 1119.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 8619.60

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

25020152197

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 3700 Geary Boulevard

City: San Francisco State: CA Zip Code: 94118

Purpose of Disbursement: Office Supplies

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9181
Date of Disbursement: 01/12/2005

Amount of Each Disbursement this Period: 60.90

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

B. Full Name (Last, First, Middle Initial)
Palms Self Storage

Mailing Address 8829 National Boulevard

City: Culver City State: CA Zip Code: 90232

Purpose of Disbursement: Storage Rent

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9182
Date of Disbursement: 01/01/2005

Amount of Each Disbursement this Period: 145.00

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

C. Full Name (Last, First, Middle Initial)
Palms Self Storage

Mailing Address 8829 National Boulevard

City: Culver City State: CA Zip Code: 90232

Purpose of Disbursement: Storage Rent

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9183
Date of Disbursement: 02/01/2005

Amount of Each Disbursement this Period: 145.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 350.90

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Palms Self Storage

Mailing Address 8829 National Boulevard

City: Culver City | State: CA | Zip Code: 90232

Purpose of Disbursement: Storage Rent

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President [ ] District: State:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9286
Date of Disbursement: 03 / 01 / 2005

Amount of Each Disbursement this Period: 145.00

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

B. Full Name (Last, First, Middle Initial)
San Francisco Museum & Historical Society

Mailing Address PO Box 420569

City: San Francisco | State: CA | Zip Code: 94142

Purpose of Disbursement: Campaign Event Expenses

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President [ ] District: State:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9189
Date of Disbursement: 01 / 12 / 2005

Amount of Each Disbursement this Period: 70.00

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

C. Full Name (Last, First, Middle Initial)
SBC

Mailing Address Payment Center

City: Sacramento | State: CA | Zip Code: 95887-0001

Purpose of Disbursement: Telephone Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President [ ] District: State:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9192
Date of Disbursement: 01 / 12 / 2005

Amount of Each Disbursement this Period: 54.35

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

SUBTOTAL of Disbursements This Page (optional) ▶ 269.35

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

25020152199

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
SBC

Mailing Address Payment Center

City Sacramento State CA Zip Code 95887-0001

Purpose of Disbursement
Telephone Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: D9194
Date of Disbursement
01 / 12 / 2005

Amount of Each Disbursement this Period
56.26

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

B.
Full Name (Last, First, Middle Initial)
SBC

Mailing Address Payment Center

City Sacramento State CA Zip Code 95887-0001

Purpose of Disbursement
Telephone Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: D9196
Date of Disbursement
01 / 16 / 2005

Amount of Each Disbursement this Period
27.55

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

C.
Full Name (Last, First, Middle Initial)
SBC

Mailing Address Payment Center

City Sacramento State CA Zip Code 95887-0001

Purpose of Disbursement
Telephone Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: D9193
Date of Disbursement
02 / 03 / 2005

Amount of Each Disbursement this Period
47.51

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

SUBTOTAL of Disbursements This Page (optional) ▶ 131.32

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

25020152200

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial): SBC
Mailing Address: Payment Center
City: Sacramento State: CA Zip Code: 95887-0001
Purpose of Disbursement: Telephone Services
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9195
Date of Disbursement: 02 / 03 / 2005
Amount of Each Disbursement this Period: 54.55
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): SBC
Mailing Address: Payment Center
City: Sacramento State: CA Zip Code: 95887-0001
Purpose of Disbursement: Telephone Services
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9191
Date of Disbursement: 02 / 23 / 2005
Amount of Each Disbursement this Period: 42.31
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): SBC
Mailing Address: Payment Center
City: Sacramento State: CA Zip Code: 95887-0001
Purpose of Disbursement: Telephone Services
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9288
Date of Disbursement: 03 / 02 / 2005
Amount of Each Disbursement this Period: 49.42
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 146.28

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial): SBC
Mailing Address: Payment Center
City: Sacramento State: CA Zip Code: 95887-0001
Purpose of Disbursement: Telephone Services
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9269
Date of Disbursement: 03 / 02 / 2005
Amount of Each Disbursement this Period: 64.46
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Super Shuttle Los Angeles
Mailing Address: 14500 N. Northsight Blvd. Suite 329
City: Scottsdale State: AZ Zip Code: 85260
Purpose of Disbursement: Transportation
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9204
Date of Disbursement: 01 / 14 / 2005
Amount of Each Disbursement this Period: 1361.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): The California Advocate
Mailing Address: 1555 E St PO Box 11828
City: Fresno State: CA Zip Code: 93775
Purpose of Disbursement: Advertisement
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9294
Date of Disbursement: 03 / 17 / 2005
Amount of Each Disbursement this Period: 1200.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) 2625.46

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

25020152202

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
The Mellman Group

Mailing Address 1000 Thomas Jefferson Street #520

City: Washington State: DC Zip Code: 20007

Purpose of Disbursement
Political Consulting Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9208
Date of Disbursement: 02 / 18 / 2005

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)
The Shapiro Company

Mailing Address 2118 Wilshire Blvd. #490

City: Santa Monica State: CA Zip Code: 90403

Purpose of Disbursement
Rent

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9209
Date of Disbursement: 02 / 10 / 2005

Amount of Each Disbursement this Period: 935.00

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

C. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address PO Box 742596

City: Cincinnati State: OH Zip Code: 45274-2596

Purpose of Disbursement
Cellular Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9212
Date of Disbursement: 02 / 18 / 2005

Amount of Each Disbursement this Period: 3009.30

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

SUBTOTAL of Disbursements This Page (optional) ▶ 8944.30

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

25020152203

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 661DD

City: Chicago State: IL Zip Code: 60666

Purpose of Disbursement: Travel Expenses
Candidate Name
Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9296
Date of Disbursement: 03 / 02 / 2005
Amount of Each Disbursement this Period: 350.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
United States Senate Restaurant

Mailing Address 1st & C Streets, N.E.

City: Washington State: DC Zip Code: 20510

Purpose of Disbursement: Refreshments
Candidate Name
Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9219
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 43.70
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
United States Senate Restaurant

Mailing Address 1st & C Streets, N.E.

City: Washington State: DC Zip Code: 20510

Purpose of Disbursement: Refreshments
Candidate Name
Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9299
Date of Disbursement: 03 / 26 / 2005
Amount of Each Disbursement this Period: 2863.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3257.10

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

25020152204

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
UPS
Mailing Address PO Box 894820
City Los Angeles State CA Zip Code 90189
Purpose of Disbursement
Delivery Services
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9222
Date of Disbursement 01 / 12 / 2005
Amount of Each Disbursement this Period 25.55
[ ] 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 894820
City Los Angeles State CA Zip Code 90189
Purpose of Disbursement
Delivery Services
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9220
Date of Disbursement 01 / 12 / 2005
Amount of Each Disbursement this Period 3.10
[ ] 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 894820
City Los Angeles State CA Zip Code 90189
Purpose of Disbursement
Delivery Services
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9221
Date of Disbursement 01 / 29 / 2005
Amount of Each Disbursement this Period 51.59
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 80.24

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

25020152205

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 894820

City: Los Angeles State: CA Zip Code: 90189

Purpose of Disbursement: Delivery Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: D9223

Date of Disbursement: 02 / 03 / 2005

Amount of Each Disbursement this Period: 25.89

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

B. Full Name (Last, First, Middle Initial)
USPS

Mailing Address

City: Los Angeles State: CA Zip Code: 90049

Purpose of Disbursement: Postage

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: D9226

Date of Disbursement: 02 / 18 / 2005

Amount of Each Disbursement this Period: 1480.00

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

C. Full Name (Last, First, Middle Initial)
USPS

Mailing Address

City: Los Angeles State: CA Zip Code: 90049

Purpose of Disbursement: Postage

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: D9301

Date of Disbursement: 03 / 30 / 2005

Amount of Each Disbursement this Period: 22.20

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1528.89

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

25020152206

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Verizon Wireless
Mailing Address PO Box 489
City Newark State NJ Zip Code 07101
Purpose of Disbursement
Cellular Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9237
Date of Disbursement 01 / 12 / 2005
Amount of Each Disbursement this Period 93.66
[ ] 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 489
City Newark State NJ Zip Code 07101
Purpose of Disbursement
Cellular Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9236
Date of Disbursement 02 / 02 / 2005
Amount of Each Disbursement this Period 25.00
[ ] 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 489
City Newark State NJ Zip Code 07101
Purpose of Disbursement
Cellular Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9238
Date of Disbursement 02 / 03 / 2005
Amount of Each Disbursement this Period 93.91
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 212.57

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

25020152207

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Verizon Wireless
Mailing Address PO Box 489
City Newark State NJ Zip Code 07101
Purpose of Disbursement
Cellular Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9307
Date of Disbursement 03 / 05 / 2005
Amount of Each Disbursement this Period 6.17
[ ] 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 489
City Newark State NJ Zip Code 07101
Purpose of Disbursement
Cellular Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9308
Date of Disbursement 03 / 30 / 2005
Amount of Each Disbursement this Period 93.91
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City Inglewood State CA Zip Code 90313
Purpose of Disbursement
Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9231
Date of Disbursement 01 / 12 / 2005
Amount of Each Disbursement this Period 230.30
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 330.38

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

25020152208
25020152208

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address Payment Processing Center

City: Inglewood | State: CA | Zip Code: 90313

Purpose of Disbursement: Telephone Services

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9233

Date of Disbursement: 01 / 12 / 2005

Amount of Each Disbursement this Period: 21.88

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

B. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address Payment Processing Center

City: Inglewood | State: CA | Zip Code: 90313

Purpose of Disbursement: Telephone Services

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9229

Date of Disbursement: 01 / 12 / 2005

Amount of Each Disbursement this Period: 172.00

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

C. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address Payment Processing Center

City: Inglewood | State: CA | Zip Code: 90313

Purpose of Disbursement: Telephone Services

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9234

Date of Disbursement: 01 / 14 / 2005

Amount of Each Disbursement this Period: 22.68

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

SUBTOTAL of Disbursements This Page (optional) ▶ 216.56

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

25020152209

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City: Inglewood State: CA Zip Code: 90313
Purpose of Disbursement: Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
State: District:
Transaction ID: D9232
Date of Disbursement: 01/29/2005
Amount of Each Disbursement this Period: 244.70
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City: Inglewood State: CA Zip Code: 90313
Purpose of Disbursement: Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
State: District:
Transaction ID: D9235
Date of Disbursement: 01/29/2005
Amount of Each Disbursement this Period: 21.99
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City: Inglewood State: CA Zip Code: 90313
Purpose of Disbursement: Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
State: District:
Transaction ID: D9230
Date of Disbursement: 02/03/2005
Amount of Each Disbursement this Period: 12.17
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 278.86

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

25020152210

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City Inglewood State CA Zip Code 90313
Purpose of Disbursement
Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9227
Date of Disbursement 02 / 18 / 2005
Amount of Each Disbursement this Period 11.37
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City Inglewood State CA Zip Code 90313
Purpose of Disbursement
Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9228
Date of Disbursement 02 / 23 / 2005
Amount of Each Disbursement this Period 12.17
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City Inglewood State CA Zip Code 90313
Purpose of Disbursement
Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9305
Date of Disbursement 03 / 02 / 2005
Amount of Each Disbursement this Period 28.19
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 51.73

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

25020152211

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City: Inglewood State: CA Zip Code: 90313
Purpose of Disbursement: Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9302
Date of Disbursement: 03 / 05 / 2005
Amount of Each Disbursement this Period: 104.52
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City: Inglewood State: CA Zip Code: 90313
Purpose of Disbursement: Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9303
Date of Disbursement: 03 / 17 / 2005
Amount of Each Disbursement this Period: 22.70
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address Payment Processing Center
City: Inglewood State: CA Zip Code: 90313
Purpose of Disbursement: Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9304
Date of Disbursement: 03 / 29 / 2005
Amount of Each Disbursement this Period: 21.55
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 148.77

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

25020152212

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Andrew Wender

Mailing Address 2258 Wellesley Avenue

City: Los Angeles State: CA Zip Code: 90064

Purpose of Disbursement
Administrative Consulting Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: D9114
Date of Disbursement: 01 / 10 / 2005

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)
Andrew Wender

Mailing Address 2258 Wellesley Avenue

City: Los Angeles State: CA Zip Code: 90064

Purpose of Disbursement
Administrative Consulting Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: D9113
Date of Disbursement: 02 / 08 / 2005

Amount of Each Disbursement this Period: 1295.00

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

C.
Full Name (Last, First, Middle Initial)
Andrew Wender

Mailing Address 2258 Wellesley Avenue

City: Los Angeles State: CA Zip Code: 90064

Purpose of Disbursement
Administrative Consulting Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: D9246
Date of Disbursement: 03 / 03 / 2005

Amount of Each Disbursement this Period: 910.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 7205.00

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

25020152213

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
XO ONE
Mailing Address PO Box 970205
City Dallas State TX Zip Code 75397-0205
Purpose of Disbursement
Telephone Services
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9242
Date of Disbursement 01 / 12 / 2005
Amount of Each Disbursement this Period 411.27
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Zola and Spy Cafe
Mailing Address 800 F Street NW
City Washington State DC Zip Code 20004
Purpose of Disbursement
Campaign Event Expenses
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9243
Date of Disbursement 01 / 05 / 2005
Amount of Each Disbursement this Period 23650.44
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Zola and Spy Cafe
Mailing Address 800 F Street NW
City Washington State DC Zip Code 20004
Purpose of Disbursement
Campaign Event Expenses
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9244
Date of Disbursement 01 / 12 / 2005
Amount of Each Disbursement this Period 1147.08
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 25208.79

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

25020152214

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 1270

City: Newark State: NJ Zip Code: 07101

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9110
Date of Disbursement: 02 / 16 / 2005

Amount of Each Disbursement this Period: 8.50

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

B.
Full Name (Last, First, Middle Initial)
AOL

Mailing Address 75 Rockefeller Plaza

City: New York State: NY Zip Code: 10019

Purpose of Disbursement: Internet Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9115
Date of Disbursement: 02 / 16 / 2005

Amount of Each Disbursement this Period: 8.50

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

[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 1270

City: Newark State: NJ Zip Code: 07101

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9111
Date of Disbursement: 01 / 11 / 2005

Amount of Each Disbursement this Period: 15.30

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

SUBTOTAL of Disbursements This Page (optional) ▶ 23.80

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

25020152215

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
AOL

Mailing Address 75 Rockefeller Plaza

City: New York | State: NY | Zip Code: 10019

Purpose of Disbursement: Internet Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9118
Date of Disbursement: 01 / 11 / 2005

Amount of Each Disbursement this Period: 15.30

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

[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Bank of Marin

Mailing Address Post Office Box L

City: Novato | State: CA | Zip Code: 94948

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9122
Date of Disbursement: 01 / 22 / 2005

Amount of Each Disbursement this Period: 2635.45

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

C.
Full Name (Last, First, Middle Initial)
Marty's

Mailing Address

City: Washington | State: DC | Zip Code:

Purpose of Disbursement: Campaign Event Expenses

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9174
Date of Disbursement: 01 / 22 / 2005

Amount of Each Disbursement this Period: 414.75

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 2635.45

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

25020152216

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Monocle on Capitol Hill
Mailing Address
City: Washington State: DC Zip Code:
Purpose of Disbursement: Campaign Event Expenses
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9177
Date of Disbursement: 01/22/2005
Amount of Each Disbursement this Period: 877.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Moto Photo
Mailing Address: 1601 Connecticut Ave NW
City: Washington State: DC Zip Code:
Purpose of Disbursement: Campaign Event Expenses
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9178
Date of Disbursement: 01/22/2005
Amount of Each Disbursement this Period: 1242.36
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Gordon Biersch
Mailing Address: 2 Harrison Street
City: San Francisco State: CA Zip Code: 94105
Purpose of Disbursement: Food/Beverages
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9166
Date of Disbursement: 02/03/2005
Amount of Each Disbursement this Period: 28.87
[ ] 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) ▶

25020152217

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
California Bank & Trust

Mailing Address 550 South Hope Street, Suite 100

City: Los Angeles State: CA Zip Code: 90071

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9128
Date of Disbursement: 01 / 01 / 16 / 2005

Amount of Each Disbursement this Period: 146.10

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

B. Full Name (Last, First, Middle Initial)
SouthwestAir

Mailing Address 5600 West Century Blvd.

City: Los Angeles State: CA Zip Code:

Purpose of Disbursement: Airfare

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9201
Date of Disbursement: 01 / 16 / 2005

Amount of Each Disbursement this Period: 109.10

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
USPS

Mailing Address

City: Los Angeles State: CA Zip Code: 90049

Purpose of Disbursement: Postage

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9225
Date of Disbursement: 01 / 16 / 2005

Amount of Each Disbursement this Period: 37.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 146.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9130
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 721.27
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Premiere Conferencing
Mailing Address PO Box 575450
City: Kansas City State: MO Zip Code: 64187
Purpose of Disbursement: Conference Calls
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9187
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 350.52
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
USPS
Mailing Address
City: Los Angeles State: CA Zip Code: 90049
Purpose of Disbursement: Postage
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9224
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 19.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 721.27

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

25020152219

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Whenever Communications

Mailing Address 3327 Jaffa Dr

City: Sarasota State: FL Zip Code: 34239

Purpose of Disbursement: Campaign Event Expenses

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9241
Date of Disbursement: 01 / 16 / 2005

Amount of Each Disbursement this Period: 321.85

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

[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
California Bank & Trust

Mailing Address 550 South Hope Street, Suite 100

City: Los Angeles State: CA Zip Code: 90071

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9131
Date of Disbursement: 02 / 03 / 2005

Amount of Each Disbursement this Period: 1075.90

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

C.
Full Name (Last, First, Middle Initial)
AOL

Mailing Address 75 Rockefeller Plaza

City: New York State: NY Zip Code: 10019

Purpose of Disbursement: Internet Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9116
Date of Disbursement: 02 / 03 / 2005

Amount of Each Disbursement this Period: 157.09

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 1075.90

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

25020152220

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Images Audio Visual Int'l
Mailing Address 733-15 St NW
City Washington State DC Zip Code
Purpose of Disbursement
Campaign Event Expenses
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9169
Date of Disbursement 02 / 03 / 2005
Amount of Each Disbursement this Period 650.36
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Senate Gift Shop
Mailing Address United States Senate
City Washington State DC Zip Code 20510
Purpose of Disbursement
Gifts
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9197
Date of Disbursement 02 / 03 / 2005
Amount of Each Disbursement this Period 18.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
United Air
Mailing Address PO Box 66100
City Chicago State IL Zip Code 60666
Purpose of Disbursement
Airfare
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9216
Date of Disbursement 02 / 03 / 2005
Amount of Each Disbursement this Period 100.00
[ ] 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) ..... ▶

25020152221

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
California Bank & Trust

Mailing Address 550 South Hope Street, Suite 100

City: Los Angeles State: CA Zip Code: 90071

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9132
Date of Disbursement: 01 / 16 / 2005

Amount of Each Disbursement this Period: 218.29

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

B. Full Name (Last, First, Middle Initial)
AOL

Mailing Address 75 Rockefeller Plaza

City: New York State: NY Zip Code: 10019

Purpose of Disbursement: Internet Services

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9117
Date of Disbursement: 01 / 16 / 2005

Amount of Each Disbursement this Period: 68.49

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City: Chicago State: IL Zip Code: 60666

Purpose of Disbursement: Airfare

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9215
Date of Disbursement: 01 / 16 / 2005

Amount of Each Disbursement this Period: 149.80

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 218.29

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

25020152222

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9135
Date of Disbursement: 02 / 18 / 2005
Amount of Each Disbursement this Period: 884.32
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bakersfield Californian
Mailing Address 1707 Eye St
City: Bakersfield State: CA Zip Code: 93301
Purpose of Disbursement: Advertisement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9121
Date of Disbursement: 02 / 18 / 2005
Amount of Each Disbursement this Period: 850.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Premiere Conferencing
Mailing Address PO Box 575450
City: Kansas City State: MO Zip Code: 64187
Purpose of Disbursement: Conference Calls
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9186
Date of Disbursement: 02 / 18 / 2005
Amount of Each Disbursement this Period: 14.42
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 884.32

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

25020152223

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9138
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 32.54
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9139
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 6.48
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9143
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 376.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 415.97

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

25020152224

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
SouthwestAir
Mailing Address 5600 West Century Blvd.
City: Los Angeles State: CA Zip Code:
Purpose of Disbursement: Airfare
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9202
Date of Disbursement: 01 / 16 / 2005
Amount of Each Disbursement this Period: 328.30
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
First USA Bank, NA
Mailing Address PO Box 5939
City: Carol Stream State: IL Zip Code: 60197
Purpose of Disbursement: Credit Card Payment
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9157
Date of Disbursement: 02 / 03 / 2005
Amount of Each Disbursement this Period: 100.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
United Air
Mailing Address PO Box 66100
City: Chicago State: IL Zip Code: 60666
Purpose of Disbursement: Airfare
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9218
Date of Disbursement: 02 / 03 / 2005
Amount of Each Disbursement this Period: 100.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 100.00

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

25020152225

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
First USA Bank, NA
Mailing Address PO Box 5939
City Carol Stream State IL Zip Code 60197
Purpose of Disbursement
Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9158
Date of Disbursement 01 / 22 / 2005
Amount of Each Disbursement this Period 1177.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
SouthwestAir
Mailing Address 5600 West Century Blvd.
City Los Angeles State CA Zip Code
Purpose of Disbursement
Airfare
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9200
Date of Disbursement 01 / 22 / 2005
Amount of Each Disbursement this Period 218.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
United Air
Mailing Address PO Box 66100
City Chicago State IL Zip Code 60666
Purpose of Disbursement
Airfare
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9217
Date of Disbursement 01 / 22 / 2005
Amount of Each Disbursement this Period 959.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 1177.40

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

25020152226

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
First Visa Bank, NA
Mailing Address PO Box 50932
City Henderson State NV Zip Code 89016
Purpose of Disbursement
Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9160
Date of Disbursement 01 / 29 / 2005
Amount of Each Disbursement this Period 51.17
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Lawrence M. Smar, Jr.
Mailing Address 605 South Barrington, #36
City Los Angeles State CA Zip Code 90049
Purpose of Disbursement
Reimbursement of Travel Expenses
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9171
Date of Disbursement 01 / 29 / 2005
Amount of Each Disbursement this Period 220.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
SouthwestAir
Mailing Address 5600 West Century Blvd.
City Los Angeles State CA Zip Code
Purpose of Disbursement
Airfare
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9311
Date of Disbursement 01 / 29 / 2005
Amount of Each Disbursement this Period 220.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 271.37

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

25020152227

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
American Express

Transaction ID: D9247
Date of Disbursement: 03 / 15 / 2005

Mailing Address: PO Box 1270

City: Newark | State: NJ | Zip Code: 07101

Amount of Each Disbursement this Period: 8.50

Purpose of Disbursement: Credit Card Payment

Candidate Name:

Category/Type:

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
AOL

Transaction ID: D9250
Date of Disbursement: 03 / 15 / 2005

Mailing Address: 75 Rockefeller Plaza

City: New York | State: NY | Zip Code: 10019

Amount of Each Disbursement this Period: 8.50

Purpose of Disbursement: Internet Services

Candidate Name:

Category/Type:

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Bank of Marin

Transaction ID: D9252
Date of Disbursement: 03 / 23 / 2005

Mailing Address: Post Office Box L

City: Novato | State: CA | Zip Code: 94948

Amount of Each Disbursement this Period: 236.00

Purpose of Disbursement: Credit Card Payment

Candidate Name:

Category/Type:

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 244.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9258
Date of Disbursement: 03/17/2005
Amount of Each Disbursement this Period: 19.90
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
California Bank & Trust
Mailing Address 550 South Hope Street, Suite 100
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9259
Date of Disbursement: 03/17/2005
Amount of Each Disbursement this Period: 138.49
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Senate Gift Shop
Mailing Address United States Senate
City: Washington State: DC Zip Code: 20510
Purpose of Disbursement: Gifts
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9290
Date of Disbursement: 03/17/2005
Amount of Each Disbursement this Period: 20.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 158.39

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

25020152229

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
First USA Bank, NA

Mailing Address PO Box 5939

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Category/Type

Transaction ID: D9270
Date of Disbursement 03 / 05 / 2005

Amount of Each Disbursement this Period
2126.31

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

B. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address PO Box 619612

City Dallas State TX Zip Code 75261

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Category/Type

Transaction ID: D9246
Date of Disbursement 03 / 05 / 2005

Amount of Each Disbursement this Period
132.20

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SouthwestAir

Mailing Address 5600 West Century Blvd.

City Los Angeles State CA Zip Code

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Category/Type

Transaction ID: D9291
Date of Disbursement 03 / 05 / 2005

Amount of Each Disbursement this Period
146.40

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 2126.31

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

25020152230

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City: Chicago
State: IL
Zip Code: 60666

Purpose of Disbursement
Airfare

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: D9297
Date of Disbursement
03 / 05 / 2005

Amount of Each Disbursement this Period
1658.37

[ ] 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) ..... ▶ 109822.21

25020152231

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☒ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Human Rights Camaplgn

Mailing Address 919- - 18th Street N.W. Suite 800

City: Washington
State: DC
Zip Code: 20006

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/Type

Office Sought: House ☐ Senate ☐ President ☐
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: D9278
Date of Disbursement
03 31 2005

Amount of Each Disbursement this Period
1293.20

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

SUBTOTAL of Disbursements This Page (optional) ▶	1293.20
TOTAL This Period (last page this line number only) ▶	1293.20

25020152232

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Adolfo Bailon
Mailing Address 3951 Halldale Avenue
City: Los Angeles State: CA Zip Code: 90062
Purpose of Disbursement: Refund for equipment purchase
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Transaction ID: D9105
Date of Disbursement: 02 03 2005
Amount of Each Disbursement this Period: 100.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Angelides 2006
Mailing Address 1331 - 21st Street
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement: Non Federal Contribution
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)
Transaction ID: D9249
Date of Disbursement: 03 29 2005
Amount of Each Disbursement this Period: 5000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bill Nelson for U.S. Senate
Mailing Address 500 Red Sail Way
City: Satellite Beach State: FL Zip Code: 32937
Purpose of Disbursement: Contribution
Candidate Name: Bill Nelson
Category/Type
Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: 00
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: D9256
Date of Disbursement: 03 12 2005
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) ▶ 7100.00

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

25020152233

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Bill Nelson for U.S. Senate

Mailing Address 500 Red Sail Way

City: Satellite Beach | State: FL | Zip Code: 32937

Purpose of Disbursement: Contribution

Candidate Name: Bill Nelson

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: 00

Disbursement For: 2005 ☒ Primary ☐ General ☐ Other (specify)

Category/Type

Transaction ID: D9255
Date of Disbursement: 03 / 12 / 2005

Amount of Each Disbursement this Period: 2000.00

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

B.
Full Name (Last, First, Middle Initial)
California Young Democrats PAC

Mailing Address 888 S. Figueroa Street Suite 400

City: Los Angeles | State: CA | Zip Code: 90017

Purpose of Disbursement: Contribution

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)

Category/Type

Transaction ID: D9264
Date of Disbursement: 03 / 12 / 2005

Amount of Each Disbursement this Period: 1000.00

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

C.
Full Name (Last, First, Middle Initial)
CARE

Mailing Address 151 Ellis Street, N.E.

City: Atlanta | State: GA | Zip Code: 30303

Purpose of Disbursement: Charitable Donation

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)

Category/Type

Transaction ID: D9145
Date of Disbursement: 01 / 10 / 2005

Amount of Each Disbursement this Period: 500.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3500.00

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

25020152234

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Doctors Without Borders
Mailing Address PO Box 1856
City Merrifield State VA Zip Code 22116
Purpose of Disbursement
Charitable Donation
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Transaction ID: D9149
Date of Disbursement 01 10 2005
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)
Doris Matsui for Congress
Mailing Address PO Box 1738
City Sacramento State CA Zip Code 95812
Purpose of Disbursement
Contribution
Candidate Name
Doris Matsui
Category/Type
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 05
Disbursement For: 2005 ☐ Primary ☐ General ☒ Other (specify) Special
Transaction ID: D9150
Date of Disbursement 01 22 2005
Amount of Each Disbursement this Period 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
EMILY's List
Mailing Address 805 - 15th Street, NW #400
City Washington State DC Zip Code 20005
Purpose of Disbursement
Contribution/List Rental
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Transaction ID: D9312
Date of Disbursement 01 15 2005
Amount of Each Disbursement this Period 3152.40
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
In Kind Made

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

25020152235

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Feinstein for Senate
Mailing Address 801 S. Glenoaks Blvd., Suite 208
City: Burbank State: CA Zip Code: 91502
Purpose of Disbursement: Contribution
Candidate Name: Diane Feinstien
Office Sought: ☐ House ☒ Senate ☐ President
State: CA District: 00
Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)
Category/Type
Transaction ID: D9269
Date of Disbursement: 03 / 12 / 2005
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Feinstein for Senate
Mailing Address 801 S. Glenoaks Blvd., Suite 208
City: Burbank State: CA Zip Code: 91502
Purpose of Disbursement: Contribution
Candidate Name: Diane Feinstien
Office Sought: ☐ House ☒ Senate ☐ President
State: CA District: 00
Disbursement For: 2005 ☐ Primary ☒ General ☐ Other (specify)
Category/Type
Transaction ID: D9268
Date of Disbursement: 03 / 12 / 2005
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Friends of Jeff Bingaman
Mailing Address PO Box 16210
City: Albuquerque State: NM Zip Code: 87191
Purpose of Disbursement: Contribution
Candidate Name: Jeff Bingaman
Office Sought: ☐ House ☒ Senate ☐ President
State: NM District: 00
Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)
Category/Type
Transaction ID: D9273
Date of Disbursement: 03 / 12 / 2005
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) ▶ 6000.00

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

25020152236

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Friends of Kent Conrad

Transaction ID: D9274
Date of Disbursement: 03 / 12 / 2005

Mailing Address: PO BOX 812

City: Bismarck | State: ND | Zip Code: 58502

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Contribution

Candidate Name: Kent Conrad

Category/Type

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

Office Sought: ☐ House ☒ Senate ☐ President
State: ND District: 00

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

B.
Full Name (Last, First, Middle Initial)
Friends of Robert C. Byrd

Transaction ID: D9162
Date of Disbursement: 02 / 18 / 2005

Mailing Address: 422 C Street, NE Lower Level

City: Washington | State: DC | Zip Code: 20002

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Contribution

Candidate Name: Robert C. Byrd

Category/Type

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

Office Sought: ☐ House ☒ Senate ☐ President
State: WV District: 00

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

C.
Full Name (Last, First, Middle Initial)
Friends of Robert C. Byrd

Transaction ID: D9163
Date of Disbursement: 02 / 18 / 2005

Mailing Address: 422 C Street, NE Lower Level

City: Washington | State: DC | Zip Code: 20002

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Contribution

Candidate Name: Robert C. Byrd

Category/Type

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

Office Sought: ☐ House ☒ Senate ☐ President
State: WV District: 00

Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

25020152237

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

PAGE 68 / 68

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Alyssa Hendrie

Mailing Address 11121 Carleen Ct

City: Tujunga State: CA Zip Code: 91042

Purpose of Disbursement
Refund for equipment purchase

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D9106
Date of Disbursement: 01 / 14 / 2005

Amount of Each Disbursement this Period: 303.00

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

B. Full Name (Last, First, Middle Initial)
Kennedy for Senate 2006

Mailing Address 301 Fourth Street N.E. Suite 202

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement
Contribution

Candidate Name
Edward Kennedy

Category/Type

Office Sought: ☐ House ☒ Senate ☐ President
State: MA District: 00

Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D9280
Date of Disbursement: 03 / 23 / 2005

Amount of Each Disbursement this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Kennedy for Senate 2006

Mailing Address 301 Fourth Street N.E. Suite 202

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement
Contribution

Candidate Name
Edward Kennedy

Category/Type

Office Sought: ☐ House ☒ Senate ☐ President
State: MA District: 00

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D9281
Date of Disbursement: 03 / 23 / 2005

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) ▶ 4303.00

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

25020152238

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [X] 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Lisa Farhamy

Mailing Address 314 N. Oakhurst Drive

City: Beverly Hills State: CA Zip Code: 90210

Purpose of Disbursement: Refund for equipment purchase

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9172
Date of Disbursement: 01 / 14 / 2005

Amount of Each Disbursement this Period: 760.00

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

B. Full Name (Last, First, Middle Initial)
Lisa Farhamy

Mailing Address 314 N. Oakhurst Drive

City: Beverly Hills State: CA Zip Code: 90210

Purpose of Disbursement: Refund for equipment purchase

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9173
Date of Disbursement: 01 / 22 / 2005

Amount of Each Disbursement this Period: 430.00

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

C. Full Name (Last, First, Middle Initial)
National Action PAC

Mailing Address 3389 Sheridan St.

City: Hollywood State: FL Zip Code: 33021

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: D9179
Date of Disbursement: 01 / 24 / 2005

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) ▶ 3190.00

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

25020152239

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A.
Full Name (Last, First, Middle Initial)
Save the Children

Mailing Address 54 Wilton Road

City: Westport State: CT Zip Code: 06880

Purpose of Disbursement: Charitable Donation

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D9190

Date of Disbursement: 01 / 10 / 2005

Amount of Each Disbursement this Period: 500.00

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

B.
Full Name (Last, First, Middle Initial)
Stabenow For Senate

Mailing Address P.O. Box 4945

City: East Lansing State: MI Zip Code: 48826

Purpose of Disbursement: Contribution

Candidate Name: Debbie Stabenow

Category/Type:

Office Sought: ☐ House ☒ Senate ☐ President

State: MI District: 00

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D9293

Date of Disbursement: 03 / 12 / 2005

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) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 35593.00

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ROUTE: SENATE

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25020152241

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
Suite 232
WASHINGTON, DC 20510-7116
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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USPS EXPRESS MAIL _____
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25020152242
25020152242