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# KAUFMAN DOWNING LLP
## M E M O R A N D U M

SECRETARY OF THE SENATE
05 OCT 17 PM 2:39

**Original to:** Secretary of Senate
**from:** Leilani Rudow
**subject:** Form 3
**file no:** BOX 2119.001
**date:** October 12, 2005

Enclosed for filing please find the following forms:

Friends of Barbara Boxer - Form 3 7/1/05-9/30/05 - (Original + 1 Copy + 1 Face Page).

Please confirm the face pages and return to the undersigned in the enclosed self-addressed stamped envelope.

Thank you for your assistance.

From the desk of...

**Leilani Rudow**
Campaign Finance Supervisor

Kaufman Downing LLP
777 S. Figueroa Street, Suite 4050
Los Angeles, CA 90017

(213) 452-6565
Fax: (213) 452-6575

25020420542
25020420542

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
05 OCT 17 PM 2:40
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 07 01 2005 through 09 30 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: A Wender — Date 10 11 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)

25020420543

# 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 07 D D 01 Y Y Y Y 2005 To: M M 09 D D 30 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))..... | 40.00 | 30716.87 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 5098.20 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 40.00 | 25618.67 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 26690.41 | 835525.42 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 10398.61 | 58930.42 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 16291.80 | 776595.00 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 591773.67 | |
| 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

25020420544

# 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: M M 07 D D 01 Y Y Y Y 2005 To: M M 09 D D 30 Y Y Y Y 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 | 40.00 | 19016.87 |
| (iii) TOTAL of contributions from individuals ▶ | 40.00 | 27266.87 |
| (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)) | 40.00 | 30716.87 |
| 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.) | 10398.61 | 58830.42 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 1315.37 | 3735.81 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶ | 11753.98 | 183383.10 |

# 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 | 26690.41 | 835525.42 |
| 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) | 0.00 | 1293.20 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 5098.20 |
| 21. OTHER DISBURSEMENTS | 9000.00 | 65553.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷ | 35690.41 | 1156176.62 |

## III. CASH SUMMARY

| | |
|---|---|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | 615710.10 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3) | 11753.98 |
| 25. SUBTOTAL (add Line 23 and Line 24) | 627464.08 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | 35690.41 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 591773.67 |

# 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 5 / 48
[ ] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [X] 14 [ ] 15

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

NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

**A.**
Full Name (Last, First, Middle Initial)
Michele M. Ciccarelli
Mailing Address PO Box 676205
City: Rancho Santa Fe State: CA Zip Code: 92067-6205
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: 0.00
Date of Receipt: 09 / 27 / 2005
Transaction ID: C163077
Amount of Each Receipt this Period: 1000.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Check Never Neg.- Rep. W/ Donation

**B.**
Full Name (Last, First, Middle Initial)
Friends of Kent Conrad
Mailing Address PO BOX 812
City: Bismarck State: ND Zip Code: 58502
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: 2000.00
Date of Receipt: 07 / 19 / 2005
Transaction ID: C163075
Amount of Each Receipt this Period: 2000.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Check Never Neg.- Rep. W/ Donation

**C.**
Full Name (Last, First, Middle Initial)
Lawrence C. Hall
Mailing Address 4057 Via Solano
City: Palos Verdes State: CA Zip Code: 90274-1179
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: 535.00
Date of Receipt: 07 / 13 / 2005
Transaction ID: C163073
Amount of Each Receipt this Period: 535.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Check Never Neg.- Rep. W/ Donation

SUBTOTAL of Receipts This Page (optional) ▶ 3535.00

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

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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 6 / 46

[ ] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [X] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

**A.**
Full Name (Last, First, Middle Initial)
Laurel Fine Furniture
Mailing Address DBA Office At Home
40 El Camino Real
City: San Carlos State: CA Zip Code: 94070
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: 300.00

Date of Receipt: 08 / 31 / 2005
Transaction ID: C163065
Amount of Each Receipt this Period: 300.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Purchase of Office Equipment

**B.**
Full Name (Last, First, Middle Initial)
Names In the News California, Inc.
Mailing Address 1300 Clay Street, 11th Floor
City: Oakland State: CA Zip Code: 94612
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: 1584.27

Date of Receipt: 09 / 19 / 2005
Transaction ID: C163076
Amount of Each Receipt this Period: 1584.27
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
List Rental

**C.**
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
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 5572.02

Date of Receipt: 08 / 05 / 2005
Transaction ID: C163064
Amount of Each Receipt this Period: 4364.34
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
List Rental

SUBTOTAL of Receipts This Page (optional) ▶ 6248.61

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 / 45
(check only one)
[ ] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [X] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

A. Full Name (Last, First, Middle Initial)
Welcome Home Furniture Rental & Staging

Mailing Address 6998 Sierra Court, Suite B

City: Dublin
State: CA
Zip Code: 94568

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
400.00

Date of Receipt
08 02 2005

Transaction ID: C183062

Amount of Each Receipt this Period
400.00

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

Purchase of Office Equipment

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

TOTAL This Period (last page this line number only) ▶ 10183.61

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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: PAGE 8 / 46
(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: 1626.15

Date of Receipt: 07 / 29 / 2005
Transaction ID: C163066
Amount of Each Receipt this Period: 151.38
[ ] 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
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1626.15

Date of Receipt: 08 / 31 / 2005
Transaction ID: C163067
Amount of Each Receipt this Period: 172.41
[ ] 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
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1626.15

Date of Receipt: 09 / 22 / 2005
Transaction ID: C163078
Amount of Each Receipt this Period: 108.67
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

SUBTOTAL of Receipts This Page (optional) ▶ 432.46

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 9 / 46
(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)
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: 1626.15

Date of Receipt: 09 30 2005
Transaction ID: C163085
Amount of Each Receipt this Period: 156.87
☐ 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
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 1002.92

Date of Receipt: 07 29 2005
Transaction ID: C163068
Amount of Each Receipt this Period: 106.59
☐ 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
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 1002.92

Date of Receipt: 08 31 2005
Transaction ID: C163069
Amount of Each Receipt this Period: 128.32
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

**SUBTOTAL** of Receipts This Page (optional) ▶ 391.78

**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 10 / 46
(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)
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: 1002.92

Date of Receipt: 09 / 30 / 2005
Transaction ID: C163080
Amount of Each Receipt this Period: 124.03
☐ 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: 1086.98

Date of Receipt: 07 / 08 / 2005
Transaction ID: C163082
Amount of Each Receipt this Period: 103.99
☐ 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: 1086.98

Date of Receipt: 08 / 12 / 2005
Transaction ID: C163083
Amount of Each Receipt this Period: 138.57
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest

SUBTOTAL of Receipts This Page (optional) ▶ 366.59

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

25020420552

**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 / 46
☐ 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: 1086.98

Date of Receipt: 09 07 2005

Transaction ID: C163084

Amount of Each Receipt this Period: 119.13

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

Interest

SUBTOTAL of Receipts This Page (optional) ▶ 119.13

TOTAL This Period (last page this line number only) ▶ 1309.96

# 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

PAGE 12 / 46

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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: D9596
Date of Disbursement: 07 / 23 / 2005
Amount of Each Disbursement this Period: 8.99
[ ] 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: D9595
Date of Disbursement: 08 / 27 / 2005
Amount of Each Disbursement this Period: 8.99
[ ] 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: D9671
Date of Disbursement: 09 / 27 / 2005
Amount of Each Disbursement this Period: 8.99
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 26.97

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

25020420554

# 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: Merchant Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9601
Date of Disbursement: 07 / 05 / 2005
Amount of Each Disbursement this Period: 10.00
[ ] 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: D9596
Date of Disbursement: 07 / 07 / 2005
Amount of Each Disbursement this Period: 16.00
[ ] 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: Merchant Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9602
Date of Disbursement: 07 / 11 / 2005
Amount of Each Disbursement this Period: 35.00
[ ] 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) ▶

# 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

PAGE 14 / 46

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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: D9605
Date of Disbursement: 08 / 02 / 2005

Amount of Each Disbursement this Period: 10.00

[ ] 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: D9607
Date of Disbursement: 08 / 09 / 2005

Amount of Each Disbursement this Period: 16.00

[ ] 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: D9608
Date of Disbursement: 08 / 10 / 2005

Amount of Each Disbursement this Period: 35.00

[ ] 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) ▶

# 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: Bank Charges

Candidate Name

Category/Type

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

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

Transaction ID: D9697
Date of Disbursement: 09 / 02 / 2005

Amount of Each Disbursement this Period: 10.00

[ ] 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: D9698
Date of Disbursement: 09 / 07 / 2005

Amount of Each Disbursement this Period: 16.00

[ ] 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: D9699
Date of Disbursement: 09 / 14 / 2005

Amount of Each Disbursement this Period: 35.00

[ ] 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) ▶

# 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 Pacific

Mailing Address 426 Monterey Road

City: Pacifica State: CA Zip Code: 94044

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: D9610
Date of Disbursement: 07 / 19 / 2005

Amount of Each Disbursement this Period: 198.10

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

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

Mailing Address 426 Monterey Road

City: Pacifica State: CA Zip Code: 94044

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: D9611
Date of Disbursement: 07 / 27 / 2005

Amount of Each Disbursement this Period: 118.65

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

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

Mailing Address 426 Monterey Road

City: Pacifica State: CA Zip Code: 94044

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: D9608
Date of Disbursement: 08 / 27 / 2005

Amount of Each Disbursement this Period: 110.20

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

SUBTOTAL of Disbursements This Page (optional) ▶ 426.95

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

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

**A.**
Full Name (Last, First, Middle Initial): California Pacific
Mailing Address: 426 Monterey Road
City: Pacifica State: CA Zip Code: 94044
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: D9609
Date of Disbursement: 08 / 27 / 2005
Amount of Each Disbursement this Period: 129.55
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.**
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: D9616
Date of Disbursement: 07 / 01 / 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): 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: D9615
Date of Disbursement: 08 / 01 / 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) ▶ 4129.55

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

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# 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)
Douglas Boxer & Associates

Transaction ID: D9673
Date of Disbursement
09 / 01 / 2005

Mailing Address 300 Frank Ogawa Plaza, Suite 500

City: Oakland | State: CA | Zip Code: 94612

Amount of Each Disbursement this Period: 2000.00

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)

**B.** Full Name (Last, First, Middle Initial)
Eastern Group Publications, Inc.

Transaction ID: D9617
Date of Disbursement
07 / 04 / 2005

Mailing Address 2500 S. Atlantic Blvd.
Building A

City: Los Angeles | State: CA | Zip Code: 90040

Amount of Each Disbursement this Period: 300.00

Purpose of Disbursement: Advertisement

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: D9619
Date of Disbursement
07 / 23 / 2005

Mailing Address PO Box 1140

City: Memphis | State: TN | Zip Code: 38101

Amount of Each Disbursement this Period: 50.59

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) ▶ 2350.59

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

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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

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

PAGE 19 / 46

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

**A.**
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: D9618
Date of Disbursement 08 / 02 / 2005
Amount of Each Disbursement this Period 67.47
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.**
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: D9675
Date of Disbursement 09 / 03 / 2005
Amount of Each Disbursement this Period 227.38
[ ] 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: D9674
Date of Disbursement 09 / 27 / 2005
Amount of Each Disbursement this Period 112.68
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 407.53

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

25020420561

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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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): 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: D9620
Date of Disbursement: 07 / 04 / 2005
Amount of Each Disbursement this Period: 1425.00
[ ] 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 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: D9621
Date of Disbursement: 08 / 02 / 2005
Amount of Each Disbursement this Period: 1425.00
[ ] 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: D9676
Date of Disbursement: 09 / 03 / 2005
Amount of Each Disbursement this Period: 600.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3450.00

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

25020420562

# 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)
Mitchell Sediva Publishing Co., Inc.

Mailing Address 1001 East 8th Street

City: Los Angeles State: CA Zip Code: 90021

Purpose of Disbursement: Printing Services

Candidate Name:

Category/Type:

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

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

Transaction ID: D9627
Date of Disbursement: 07 / 19 / 2005

Amount of Each Disbursement this Period: 2175.71

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

**B.**
Full Name (Last, First, Middle Initial)
Mitchell Sediva Publishing Co., Inc.

Mailing Address 1001 East 8th Street

City: Los Angeles State: CA Zip Code: 90021

Purpose of Disbursement: Printing Services

Candidate Name:

Category/Type:

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

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

Transaction ID: D9680
Date of Disbursement: 09 / 17 / 2005

Amount of Each Disbursement this Period: 1334.98

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

**C.**
Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address PO Box 9020

City: Des Moines State: IA Zip Code: 50368

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: D9633
Date of Disbursement: 07 / 11 / 2005

Amount of Each Disbursement this Period: 35.91

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

SUBTOTAL of Disbursements This Page (optional) ▶ 3546.60

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

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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

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

PAGE 22 / 46

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

**A.**
Full Name (Last, First, Middle Initial): Office Depot
Mailing Address: PO Box 9020
City: Des Moines State: IA Zip Code: 50368
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: D9629
Date of Disbursement: 08 / 02 / 2005
Amount of Each Disbursement this Period: 39.26
[ ] 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: 8629 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: D9635
Date of Disbursement: 07 / 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: 8629 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: D9636
Date of Disbursement: 08 / 01 / 2005
Amount of Each Disbursement this Period: 165.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 349.26

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

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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

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

PAGE 23 / 46

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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
State: District:

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

Transaction ID: D9684
Date of Disbursement: 09 / 01 / 2005

Amount of Each Disbursement this Period: 155.00

[ ] 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: D9638
Date of Disbursement: 07 / 04 / 2005

Amount of Each Disbursement this Period: 12.91

[ ] 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: D9640
Date of Disbursement: 08 / 02 / 2005

Amount of Each Disbursement this Period: 13.63

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

SUBTOTAL of Disbursements This Page (optional) ▶ 181.54

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

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# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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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): 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: D9639
Date of Disbursement: 08 / 02 / 2005
Amount of Each Disbursement this Period: 12.88
[ ] 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: D9687
Date of Disbursement: 09 / 03 / 2005
Amount of Each Disbursement this Period: 12.89
[ ] 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: D9688
Date of Disbursement: 09 / 03 / 2005
Amount of Each Disbursement this Period: 36.24
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 62.01

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): Union Publications, Inc.
Mailing Address: 407 - 49th Street
City: Oakland State: CA Zip Code: 94609
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: D9643
Date of Disbursement: 07 / 27 / 2005
Amount of Each Disbursement this Period: 650.00
[ ] 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: D9653
Date of Disbursement: 07 / 27 / 2005
Amount of Each Disbursement this Period: 24.50
[ ] 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: D9652
Date of Disbursement: 07 / 27 / 2005
Amount of Each Disbursement this Period: 87.60
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 762.10

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

25020420567

# 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)
United States Senate Restaurant

Transaction ID: D9648
Date of Disbursement: 07 / 27 / 2005

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

City: Washington State: DC Zip Code: 20510

Amount of Each Disbursement this Period: 28.00

Purpose of Disbursement: Refreshments

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)
United States Senate Restaurant

Transaction ID: D9649
Date of Disbursement: 07 / 27 / 2005

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

City: Washington State: DC Zip Code: 20510

Amount of Each Disbursement this Period: 154.50

Purpose of Disbursement: Refreshments

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)
United States Senate Restaurant

Transaction ID: D9650
Date of Disbursement: 07 / 27 / 2005

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

City: Washington State: DC Zip Code: 20510

Amount of Each Disbursement this Period: 10.00

Purpose of Disbursement: Refreshments

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) ▶ 192.50

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

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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

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

PAGE 27 / 48

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

**A.**
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: D9651
Date of Disbursement: 07 / 27 / 2005
Amount of Each Disbursement this Period: 20.50
[ ] 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: D9689
Date of Disbursement: 09 / 09 / 2005
Amount of Each Disbursement this Period: 65.00
[ ] 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: D9690
Date of Disbursement: 09 / 09 / 2005
Amount of Each Disbursement this Period: 66.70
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 152.20

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): USPS
Mailing Address: 2309 Tulare Street Fmt
City: Fresno State: CA Zip Code: 93721
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: D9655
Date of Disbursement: 07 / 09 / 2005
Amount of Each Disbursement this Period: 22.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): USPS
Mailing Address: 2309 Tulare Street Fmt
City: Fresno State: CA Zip Code: 93721
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: D9654
Date of Disbursement: 07 / 23 / 2005
Amount of Each Disbursement this Period: 629.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): USPS
Mailing Address: 2309 Tulare Street Fmt
City: Fresno State: CA Zip Code: 93721
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: D9691
Date of Disbursement: 09 / 12 / 2005
Amount of Each Disbursement this Period: 3256.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3907.20

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

25020420570

# 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: D9658
Date of Disbursement: 07 / 04 / 2005
Amount of Each Disbursement this Period: 6.06
[ ] 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: D9657
Date of Disbursement: 07 / 04 / 2005
Amount of Each Disbursement this Period: 39.58
[ ] 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: D9660
Date of Disbursement: 07 / 19 / 2005
Amount of Each Disbursement this Period: 4.46
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 50.10

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): 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: D9661
Date of Disbursement: 08 / 02 / 2005
Amount of Each Disbursement this Period: 37.74
[ ] 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: D9659
Date of Disbursement: 08 / 02 / 2005
Amount of Each Disbursement this Period: 5.63
[ ] 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: D9656
Date of Disbursement: 08 / 10 / 2005
Amount of Each Disbursement this Period: 4.61
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 47.98

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

25020420572

# 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): 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: D9692
Date of Disbursement: 09 / 03 / 2005
Amount of Each Disbursement this Period: 5.44
[ ] 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: D9694
Date of Disbursement: 09 / 17 / 2005
Amount of Each Disbursement this Period: 4.47
[ ] 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: D9693
Date of Disbursement: 09 / 17 / 2005
Amount of Each Disbursement this Period: 38.30
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 48.21

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

25020420573

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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

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

PAGE 32 / 46

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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: D9583
Date of Disbursement: 07 / 13 / 2005
Amount of Each Disbursement this Period: 105.00
[ ] 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: D9666
Date of Disbursement: 09 / 03 / 2005
Amount of Each Disbursement this Period: 385.00
[ ] 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: D9665
Date of Disbursement: 09 / 17 / 2005
Amount of Each Disbursement this Period: 210.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 700.00

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

25020420574

# 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: D9586
Date of Disbursement 08 / 09 / 2005
Amount of Each Disbursement this Period 3.40
[ ] 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: D9589
Date of Disbursement 08 / 09 / 2005
Amount of Each Disbursement this Period 3.40
[ ] 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: D9587
Date of Disbursement 07 / 09 / 2005
Amount of Each Disbursement this Period 3.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 6.80

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

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[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: D9590
Date of Disbursement: 07 09 2005
Amount of Each Disbursement this Period: 3.40
[ ] 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: D9593
Date of Disbursement: 07 23 2005
Amount of Each Disbursement this Period: 180.80
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Hunan Dynasty Restaurant
Mailing Address: 215 Pennsylvania Avenue, SE
City: Washington State: DC Zip Code: 20003-1155
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: D9624
Date of Disbursement: 07 23 2005
Amount of Each Disbursement this Period: 138.25
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 180.80

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

# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[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: D9597
Date of Disbursement: 07 11 2005
Amount of Each Disbursement this Period: 2147.75
[ ] 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: D9591
Date of Disbursement: 07 11 2005
Amount of Each Disbursement this Period: 112.05
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
**[MEMO ITEM]**

**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: Annual Fee
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9599
Date of Disbursement: 07 11 2005
Amount of Each Disbursement this Period: 30.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) ▶ 2147.75

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)
Hotel Hershey

Mailing Address 100 Hotel Road

City: Hershey State: PA Zip Code: 17033

Purpose of Disbursement: Lodging/Food/Beverages

Candidate Name

Category/Type

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

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

Transaction ID: D9622
Date of Disbursement: 07 / 11 / 2005

Amount of Each Disbursement this Period: 2284.90

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

**[MEMO ITEM]**

**B.**
Full Name (Last, First, Middle Initial)
Unique Limousine

Mailing Address PO Box 60284

City: Harrisburg State: PA Zip Code: 17106

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: D9644
Date of Disbursement: 07 / 11 / 2005

Amount of Each Disbursement this Period: 275.00

[ ] 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: D9645
Date of Disbursement: 07 / 11 / 2005

Amount of Each Disbursement this Period: 5.00

[ ] 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) ▶

# 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

PAGE 37 / 46

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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: D9600
Date of Disbursement: 07 11 2005
Amount of Each Disbursement this Period: 30.00
[ ] 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: Annual Fee
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9603
Date of Disbursement: 07 11 2005
Amount of Each Disbursement this Period: 30.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
**[MEMO ITEM]**

**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: D9604
Date of Disbursement: 08 08 2005
Amount of Each Disbursement this Period: 1338.07
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1368.07

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

25020420579

# 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)
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: D9592
Date of Disbursement: 08 / 08 / 2005

Amount of Each Disbursement this Period: 53.59

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)
Hunan Dynasty Restaurant

Mailing Address 215 Pennsylvania Avenue, SE

City: Washington | State: DC | Zip Code: 20003-1155

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: D9623
Date of Disbursement: 08 / 08 / 2005

Amount of Each Disbursement this Period: 587.60

[ ] 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: D9646
Date of Disbursement: 08 / 08 / 2005

Amount of Each Disbursement this Period: 696.88

[ ] 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) ▶

25020420580

# 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): Chase
Mailing Address: PO Box 15650
City: Wilmington State: DE Zip Code: 19886-5650
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: D9612
Date of Disbursement: 08 08 2005
Amount of Each Disbursement this Period: 537.80
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Alaska Air
Mailing Address: PO Box 68900
City: Seattle State: WA Zip Code: 98168
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: D9585
Date of Disbursement: 08 08 2005
Amount of Each Disbursement this Period: 198.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
**[MEMO ITEM]**

**C.**
Full Name (Last, First, Middle Initial): Southwest Air
Mailing Address: 5500 West Century Blvd.
City: Los Angeles State: CA Zip Code: 90045
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: D9641
Date of Disbursement: 08 08 2005
Amount of Each Disbursement this Period: 339.60
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) ▶ 537.80

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

PAGE 40 / 46

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

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

Mailing Address PO Box 15650

City: Wilmington State: DE Zip Code: 19886-5650

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: D9613
Date of Disbursement: 07 / 04 / 2005

Amount of Each Disbursement this Period: 489.99

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

**B.**
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: D9647
Date of Disbursement: 07 / 04 / 2005

Amount of Each Disbursement this Period: 489.99

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

**[MEMO ITEM]**

**C.**
Full Name (Last, First, Middle Initial)
National City

Mailing Address PO Box 856176

City: Louisville State: KY Zip Code: 40285-6176

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: D9828
Date of Disbursement: 07 / 13 / 2005

Amount of Each Disbursement this Period: 266.14

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

SUBTOTAL of Disbursements This Page (optional) ▶ 756.13

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

25020420582

# 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)
The Beverly Hilton

Transaction ID: D9642
Date of Disbursement: 07 / 13 / 2005

Mailing Address: 9876 Wilshire Blvd.

City: Beverly Hills | State: CA | Zip Code: 90210

Amount of Each Disbursement this Period: 266.14

Purpose of Disbursement: Hotel Accomodations

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)

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

Transaction ID: D9664
Date of Disbursement: 09 / 09 / 2005

Mailing Address: PO Box 1270

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

Amount of Each Disbursement this Period: 3.40

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)

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

Transaction ID: D9667
Date of Disbursement: 09 / 09 / 2005

Mailing Address: 75 Rockefeller Plaza

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

Amount of Each Disbursement this Period: 3.40

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)

SUBTOTAL of Disbursements This Page (optional) ▶ 3.40

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

25020420583

# 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

PAGE 42 / 46

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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
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: D9669
Date of Disbursement: 09 / 27 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**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: Bank Charges
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D9670
Date of Disbursement: 09 / 27 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
**[MEMO ITEM]**

**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: D9672
Date of Disbursement: 09 / 03 / 2005
Amount of Each Disbursement this Period: 168.30
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 193.30

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

25020420584

# 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

PAGE 43 / 46

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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: D9688
Date of Disbursement: 09 / 02 / 2005
Amount of Each Disbursement this Period: 146.58
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
**[MEMO ITEM]**

**B.**
Full Name (Last, First, Middle Initial): Radisson Hotel
Mailing Address: 200 N 4th Street
City: Saint Louis State: MO Zip Code: 63102
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: D9686
Date of Disbursement: 09 / 02 / 2005
Amount of Each Disbursement this Period: 21.72
[ ] 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) ▶ | 26168.34 |

25020420585

# 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 44 / 46

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NAME OF COMMITTEE (In Full)
Friends of Barbara Boxer

**A.**
Full Name (Last, First, Middle Initial): Aids/PSI
Mailing Address: 1120 - 19th Street NW, Suite 600
City: Washington State: DC Zip Code: 20036
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: D9663
Date of Disbursement: 09 / 27 / 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): Boys & Girls Club of Desert Hot Springs
Mailing Address: 66150 6th Street P.O. Box 935
City: Desert Hot Springs State: CA Zip Code: 92240
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: D9594
Date of Disbursement: 07 / 19 / 2005
Amount of Each Disbursement this Period: 250.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): McCaskill for Missouri
Mailing Address: PO Box 6771
City: Saint Louis State: MO Zip Code: 63144
Purpose of Disbursement: Contribution
Candidate Name: Claire McCaskill
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: MO District: 00
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify)
Transaction ID: D9679
Date of Disbursement: 09 / 28 / 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) ▶ 3250.00

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

25020420586

# 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)
MCHF-Digital Mammography

Mailing Address PO Box 8010

City San Rafael | State CA | Zip Code 94912-8010

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: D9626
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period 250.00

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

**B.**
Full Name (Last, First, Middle Initial)
Pederson 2006

Mailing Address 531 E. McDowell Road

City Phoenix | State AZ | Zip Code 85004

Purpose of Disbursement
Contribution

Candidate Name
Jim Pederson

Category/Type

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

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

Transaction ID: D9685
Date of Disbursement 09 / 28 / 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)
Pro-Choice California

Mailing Address 111 Pine Street, Suite 1500

City San Francisco | State CA | Zip Code 94111

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: D9637
Date of Disbursement 07 / 13 / 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) ▶ 2750.00

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

25020420587

# 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)
Victory 2005

Mailing Address 317 George Street, Suite 205

City: New Brunswick | State: NJ | Zip Code: 08901

Purpose of Disbursement: Non Federal Contribution

Candidate Name

Category/Type

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

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

Transaction ID: D9696
Date of Disbursement: 09 29 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)
Whitehouse '06

Mailing Address PO Box 150

City: Wakefield | State: RI | Zip Code: 02880

Purpose of Disbursement: Contribution

Candidate Name: Sheldon Whitehouse II

Category/Type

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

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

Transaction ID: D9695
Date of Disbursement: 09 29 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) ▶ 3000.00

**TOTAL** This Period (last page this line number only) ▶ 9000.00

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X-Rayed
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Pitney Bowes

FedEx | Ship Manager | Label 7901 8447 9670



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Julie Diep
Kaufman Downing LLP
777 S. Figueroa Street, Suite 4050

Los Angeles, CA 90017

FedEx Express

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