FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Sam Farr

(b) Address (number and street)
P.O. Box 7548

2. Identification Number
H4CA17021

(c) City, State and ZIP Code
Carmel CA 93920

3. Is This Statement X New (N) OR Amended (A)

4. Party Affiliation
DEMOCRATIC PARTY

5. Office Sought
House

6. State & District of Candidate
CA 17

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Friends of Farr

(b) Address (number and street)
555 Capitol Mall, Suite 1425

(c) City, State and ZIP Code
Sacramento CA 95814

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.8) by

9A 0.00 for the primary election, and

9B 0.00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Signature of Candidate	Date
Sam Farr	11/16/2004

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