08/12/2003 19 : 16

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Friends of Farr

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

(Check if address is changed)

Sacramento | CA | 95814 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

cpr@olsonhagel.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

916-447-0383

2. DATE 08 04 2003

3. **FEC IDENTIFICATION NUMBER** **C C00290429**

4. IS THIS STATEMENT NEW (N) **OR** X AMENDED (A)

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

Type or Print Name of Treasurer Sidney Slade

Signature of Treasurer Electronically Filed by Sidney Slade Date 08 06 2003

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)