

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) California Farm Bureau Fund to Protect the Family Farm (FARM PAC (R))	FEC IDENTIFICATION NUMBER ▼ C C00041954
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee California Farm Bureau Federation		
Mailing Address 2300 River Plaza Drive		
City Sacramento	State CA	Zip Code 95833
Purpose of Expenditure Endorsement in CFBF newsletter		Category/Type <input type="text"/>
Name of Federal Candidate supported or Opposed by expenditure: Dianne Feinstein, CA		
Calendar Year-To-Date Per Election for Office Sought		<input style="width: 100px;" type="text" value="13.00"/>

Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Amount <input style="width: 100px;" type="text" value="13.00"/>
Transaction ID: D2639
Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee California Farm Bureau Federation		
Mailing Address 2300 River Plaza Drive		
City Sacramento	State CA	Zip Code 95833
Purpose of Expenditure Endrsmt in CFBF new- sletter Tognazzini		Category/Type <input type="text"/>
Name of Federal Candidate supported or Opposed by expenditure: Victor Tognazzini		
Calendar Year-To-Date Per Election for Office Sought		<input style="width: 100px;" type="text" value="11.00"/>

Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Amount <input style="width: 100px;" type="text" value="11.00"/>
Transaction ID: D2644
Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input style="width: 100px;" type="text" value="24.00"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width: 100px;" type="text" value="0.00"/>
(c) TOTAL Independent Expenditures	<input style="width: 100px;" type="text" value="139.00"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul J. Wenger _____ Date

Signature