

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Sam Farr for Congress | 2. DATE 4/2/97 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 555 Capitol Mall, Suite 1425 | 3. FEC IDENTIFICATION NUMBER CDD279372 |
| (c) City, State and ZIP Code Sacramento, CA 95814 | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

| | | | |
|--------------------------------------|--|------------------------------------|--------------------------------|
| Name of Candidate Sam Farr | Candidate Party Affiliation Democrat | Office Sought U.S. House | State/District CA/17 |
|--------------------------------------|--|------------------------------------|--------------------------------|

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)

(d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|--------------|
| Friends of Farr | 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814 | Affiliated |

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

| | | |
|------------------------------------|---|--------------------------------------|
| Full Name Lance H. Olson | Mailing Address 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | Title or Position Attorney |
|------------------------------------|---|--------------------------------------|

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| | | |
|----------------------------------|--|---------------------------------------|
| Full Name Sidney Slade | Mailing Address 100 Clock Tower Place, Ste. 125 Carmel, CA 93923 | Title or Position Treasurer |
|----------------------------------|--|---------------------------------------|

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| | |
|---|--|
| Name of Bank, Depository, etc. Union Bank of CA | Mailing Address and ZIP Code 700 L Street Sacramento, CA 95814 |
|---|--|

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 <i>Sidney Slade</i> | DATE 4-4-97 |
|--|---|-----------------------|

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.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|--|---------------------------------|
| <input type="checkbox"/> Hand Delivered | DATE OF RECEIPT |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED <i>4-10-97</i> |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House Office of Records and Registration | DATE OF RECEIPT |
| <input type="checkbox"/> Received from the Senate Office of Public Records | DATE OF RECEIPT |
| <input type="checkbox"/> Other (Specify): | POSTMARKED |
| | and/or DATE OF RECEIPT |
| | |
| <i>[Signature]</i> PREPARER | <i>4-14-97</i> DATE PREPARED |