REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Friends of Parr

ADDRESS (number and street) ☐ Check if different than previously reported.
555 Capitol Mall, Suite 1425

CITY, STATE and ZIP CODE
Sacramento, CA 95814

STATE/DISTRICT
CA/17

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 FEB -9 A 11:57

2. FEC IDENTIFICATION NUMBER
C00290429

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Twelfth day report preceding _____ (Type of Election) election on _____ In the State of _____
☐ Thirtieth day report following the General Election on _____ In the State of _____
☐ Termination Report

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period 07/01/1999 through 12/31/1999

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	134,285.95	199,780.47
	(b) Total Contributions Refunds (from Line 20(d))	0.00	642.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	134,285.95	199,138.47
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	76,133.45	143,644.66
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	1,740.54
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	76,133.45	141,904.12
8.	Cash on Hand at Close of Reporting Period (from Line 27)	179,130.97	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	250.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	652.75	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Sidney Slade

Signature of Treasurer
Sidney Slade

Date
1-20-2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:
Friends of Farr	From: 07/01/1999 To: 12/31/1999

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	50,924.00		11(a)(i)
(ii) Unitemized	28,481.47		11(a)(ii)
(iii) Total of contributions from individuals	79,405.47	86,180.62	11(a)(iii)
(b) Political Party Committees	280.48	749.85	11(b)
(c) Other Political Committees (such as PACs)	54,600.00	112,850.00	11(c)
(d) The Candidate	0.00	0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	134,285.95	199,780.47	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	0.00	0.00	13(a)
(b) All Other Loans	0.00	0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1,740.54	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	810.92	1,454.40	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	135,096.87	202,975.41	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	76,133.45	143,644.66	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	18
19. LOANS REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	19(a)
(b) Of All Other Loans	0.00	0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0.00	642.00	20(a)
(b) Political Party Committees	0.00	0.00	20(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	642.00	20(d)
21. OTHER DISBURSEMENTS	1,274.00	16,698.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	77,407.45	160,984.66	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 121,441.55	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 135,096.87	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 256,538.42	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 77,407.45	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 179,130.97	27

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herb Aarons 11 Talbot Street Salinas, CA 93901	California Coastal RDC	11/11/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Development Corporation	Aggregate Year-to-Date $ 500.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nanci Alexander 7809 Afton Villa Court Boca Raton, FL 33433	Homemaker	12/22/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date $ 1,000.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon B. Bacon 27175 Meadows Road Carmel, CA 93923	Self-Employed	11/11/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investment Advisor	Aggregate Year-to-Date $ 1,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven J. Baker 204 Crocker Avenue Pacific Grove, CA 93950	Monterey Institute of Int'l Studies	11/11/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Administrator	Aggregate Year-to-Date $ 500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.V. Barber, Jr. 2200 Sacramento Street, No. 302 San Francisco, CA 94115	Barber Investment Counsel	07/28/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investor	Aggregate Year-to-Date $ 300.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.V. Barber, Jr. 2200 Sacramento Street, No. 302 San Francisco, CA 94115	Barber Investment Counsel	11/11/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investor	Aggregate Year-to-Date $ 300.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.V. Barber, Jr. 2200 Sacramento Street, No. 302 San Francisco, CA 94115	Barber Investment Counsel	11/15/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investor	Aggregate Year-to-Date $ 300.00	

SUBTOTAL of Receipts This Page (optional)	3,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jo C. Barton Coast Route 1 Monterey, CA 93940-9706	Nana's For Remarkable Kids Retail Sales $ 500.00	07/14/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jack Baskin 2-2610 E Cliff Dr. Santa Cruz, CA 95062	Retired Retired $ 1,000.00	11/19/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mezola Benton 1410 Manor Road Monterey, CA 93940	Retired Retired $ 1,035.00	08/11/1999	35.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mezola Benton 1410 Manor Road Monterey, CA 93940	Retired Retired $ 1,035.00	11/11/1999	965.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mezola Benton 1410 Manor Road Monterey, CA 93940	Retired Retired $ 1,035.00	11/11/1999	35.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Anne S. Bohnn #10 Waverly Court Houston, TX 77005	EBA Architect $ 500.00	11/10/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward P. Boyle 736 Bernardo Avenue C Morro Bay, CA 93442	Retired Retired $ 1,000.00	08/31/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	4,035.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Howard Brunn P.O. Box 6267 Carmel, CA 93921 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Robert Talbott, Inc. Occupation Director Aggregate Year-to-Date $ 300.00	Date (month, day, year) 07/14/1999	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Howard Brunn P.O. Box 6267 Carmel, CA 93921 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Robert Talbott, Inc. Occupation Director Aggregate Year-to-Date $ 300.00	Date (month, day, year) 11/09/1999	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Casa de Fruta 6680 Pacheco Pass Hollister, CA 95023 Receipt For: X Primary [ ] General [ ] Other (specify):	Name of Employer partnership attribution Occupation see below Aggregate Year-to-Date $ 389.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Joe C. Zanger 6680 Pacheco Pass Hollister, CA 95023 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Casa De Fruta Occupation Partner Aggregate Year-to-Date $ 389.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period 200.00 (memo)
E. Full Name, Mailing Address and ZIP Code Casa de Fruta 6680 Pacheco Pass Hollister, CA 95023 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer partnership attribution Occupation see below Aggregate Year-to-Date $ 389.00	Date (month, day, year) 10/31/1999	Amount of Each Receipt this Period 189.00 (Inkind) fundraisng expense
F. Full Name, Mailing Address and ZIP Code Joe C. Zanger 6680 Pacheco Pass Hollister, CA 95023 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Casa De Fruta Occupation Partner Aggregate Year-to-Date $ 389.00	Date (month, day, year) 10/31/1999	Amount of Each Receipt this Period 189.00 (memo)
G. Full Name, Mailing Address and ZIP Code Loretta P. Cassidy 700-13th Street, NW, Suite 400 Washington, DC 20005-3960 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date $ 250.00	Date (month, day, year) 11/12/1999	Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			939.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 15
	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles F. Colao 9009 Race Trace Road Bowie, MD 20715	Self Employed	12/22/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Physician	Aggregate Year-to-Date $ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
George W. Couch III P.O. Box 50004 Watsonville, CA 95076	Couch Distributing Company	11/11/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Businessman	Aggregate Year-to-Date $ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard Deatley 316 Pacific Avenue Piedmont, CA 94611	West Coast Aggregates, Inc.	11/12/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: President	Aggregate Year-to-Date $ 500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pat Derby 11435 Simmerhorn Rd. Galt, CA 95632	Performing Animal Welfare Society	11/19/1999	350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Animal Shelter Director	Aggregate Year-to-Date $ 350.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Philip A. DuBeau 247 Elk Street Santa Cruz, CA 95065	Nortel Network	11/11/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Network Engineer	Aggregate Year-to-Date $ 500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dianne Feinstein 30 Presidio Terrace San Francisco, CA 94118	US Senate	11/11/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Senator	Aggregate Year-to-Date $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John D. Freshman 6716 Vendome Terrace Bethesda, MD 20817	John Freshman Associates, Inc.	10/25/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Environmental Consultant	Aggregate Year-to-Date $ 750.00	

SUBTOTAL of Receipts This Page (optional)	4,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lee Gardner 8255 W. Zayante Felton, CA 95018	Self Employed Occupation: Businessman	08/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 1,000.00		*
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Constantin Gehriger 401 Spring Street Santa Cruz, CA 95060-2025	Self-Employed Occupation: Businessman	11/11/1999	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James C. Ghielmetti 4670 Willow Road, Suite 220 Pleasanton, CA 94588	Signature Properties Occupation: Homebuilder	11/09/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas A. Gray 33900 Robinson Canyon Road Carmel, CA 93923	Rancho San Carlos Occupation: President	11/11/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. M.R.C. Greenwood 5033 El Cemonte Avenue Davis, CA 95616	Information Requested - No Response Occupation: Information Requested - No Response	11/11/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
F. Karl Gregorius, M.D. 2350 Pheasant Run Circle Stockton, CA 95207	Self Employed Occupation: Physician	11/10/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John M. Halliday 351 Corte Madera Avenue Mill Valley, CA 94941	Cycletrol Diversified Ind. Occupation: Business Executive	11/19/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional)	4,400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code John M. Halliday 351 Corte Madera Avenue Mill Valley, CA 94941 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Cycletrol Diversified Ind. Occupation Business Executive Aggregate Year-to-Date $ 300.00	Date (month, day, year) 12/02/1999	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Donald A. Hanson P.O. Box 1536 Carmel, CA 93921 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer San Francisco Credit Union Occupation C.E.O. Aggregate Year-to-Date $ 250.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Laurence P. Horan 9568 Oak Court Carmel, CA 93923 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Horan Lloyd Occupation Lawyer Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Robert L. Hunsicker 15407 Via La Gitana Carmel Valley, CA 93924 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Lise Jeneen 2740 16th Avenue Carmel, CA 93923 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/09/1999	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Stephen B. Kahn 26320 Scenic Road Carmel, CA 93923 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Melvin B. Lane 3000 Sand Hill Rd., Bldg. 2, Ste. 215 Menlo Park, CA 94025 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/14/1999	Amount of Each Receipt this Period 1,000.00
SUBTOTAL of Receipts This Page (optional)			3,450.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code
Zad Leavy
3785 Via Mona Marie, Suite 309
Carmel, CA 93923

Name of Employer: Law Offices of Zad Leavy
Occupation: Attorney
Date (month, day, year): 11/30/1999
Amount of Each Receipt this Period: 500.00
Receipt For: X Primary ___ General ___ Other (specify):
Aggregate Year-to-Date $ 500.00

B. Full Name, Mailing Address and ZIP Code
Anne F. Levin
26 Hollings Drive
Santa Cruz, CA 95060

Name of Employer: Paloo Labs
Occupation: Co-Owner
Date (month, day, year): 11/11/1999
Amount of Each Receipt this Period: 1,000.00
Receipt For: X Primary ___ General ___ Other (specify):
Aggregate Year-to-Date $ 1,000.00

C. Full Name, Mailing Address and ZIP Code
Marjorie P. Love
2442-17th Avenue
Carmel, CA 93923

Name of Employer: Retired
Occupation: Retired
Date (month, day, year): 07/14/1999
Amount of Each Receipt this Period: 500.00
Receipt For: X Primary ___ General ___ Other (specify):
Aggregate Year-to-Date $ 500.00

D. Full Name, Mailing Address and ZIP Code
Rolf Lygren
14 Flight Road
Carmel Valley, CA 93924

Name of Employer: Lygren Fine Art
Occupation: Artist
Date (month, day, year): 11/16/1999
Amount of Each Receipt this Period: 250.00
Receipt For: X Primary ___ General ___ Other (specify):
Aggregate Year-to-Date $ 500.00

E. Full Name, Mailing Address and ZIP Code
Rolf Lygren
14 Flight Road
Carmel Valley, CA 93924

Name of Employer: Lygren Fine Art
Occupation: Artist
Date (month, day, year): 12/07/1999
Amount of Each Receipt this Period: 250.00
Receipt For: X Primary ___ General ___ Other (specify):
Aggregate Year-to-Date $ 500.00

F. Full Name, Mailing Address and ZIP Code
Susan A. Mauriello
2150 Dolphin Drive
Aptos, CA 95003

Name of Employer: County of Santa Cruz
Occupation: County Administrator
Date (month, day, year): 11/10/1999
Amount of Each Receipt this Period: 250.00
Receipt For: X Primary ___ General ___ Other (specify):
Aggregate Year-to-Date $ 250.00

G. Full Name, Mailing Address and ZIP Code
Tom McLaughlin
P.O. Box 13909
San Luis Obispo, CA 93406

Name of Employer: Opportunity Housing
Occupation: Owner
Date (month, day, year): 08/11/1999
Amount of Each Receipt this Period: 250.00
Receipt For: X Primary ___ General ___ Other (specify):
Aggregate Year-to-Date $ 250.00

SUBTOTAL of Receipts This Page (optional) 3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Clint Miller 235 San Juan Road Watsonville, CA 95076	Clint Miller Farms, Inc. Farmer Aggregate Year-to-Date $ 250.00	11/19/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Basil E. Mills P.O. Box 642 Salinas, CA 93902	Mills Distributing Company Produce Executive Aggregate Year-to-Date $ 250.00	11/11/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Mills 945 Back Ranch Road Santa Cruz, CA 95060	Laguna Ranch Farmer Aggregate Year-to-Date $ 1,000.00	09/11/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roger E. Mills P.O. Box 642 Salinas, CA 93902	Mills Distributing Co. Produce Executive Aggregate Year-to-Date $ 550.00	11/11/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roger E. Mills P.O. Box 642 Salinas, CA 93902	Mills Distributing Co. Produce Executive Aggregate Year-to-Date $ 550.00	11/11/1999	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephanie Lynn Mills 945 Back Ranch Road Santa Cruz, CA 95060	Harbouston Enterprises Investments Aggregate Year-to-Date $ 1,000.00	09/11/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harriet Mitteldorf 942 Coral Drive Pebble Beach, CA 93953	Retired Retired Aggregate Year-to-Date $ 1,000.00	11/11/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	4,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Paul E. Moller 1222 Research Park Drive Davis, CA 95616 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Moller Int. Occupation President Aggregate Year-to-Date $ 250.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Linda M. Nealon 1712 Ocean Drive Manhattan Beach, CA 90266-4676 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Humane USA PAC Occupation Executive Director Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Stephanie Ann Neff 1401 Floribunda Avenue, No. 303 Burlingame, CA 94010 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer CA Ski Industry Assn. Occupation Deputy Director Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Foster Nelson 1300 Western Avenue Fort Worth, TX 76107 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date $ 250.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Joyce Nicholas 1476 Bonifacio Road, Box 1728 Pebble Beach, CA 93953 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 800.00
F. Full Name, Mailing Address and ZIP Code Joyce Nicholas 1476 Bonifacio Road, Box 1728 Pebble Beach, CA 93953 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code Sheila Farr Nielsen 543 Montford Avenue Mill Valley, CA 94941 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00
SUBTOTAL of Receipts This Page (optional)			4,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00330429

A. Full Name, Mailing Address and ZIP Code Diantha M. Niles 8545 Carmel Valley Road Carmel, CA 93923 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 08/31/1999	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Nicholas Niven 1595 Boguel Dr. Santa Cruz, CA 95065 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Self Occupation Physician Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/12/1999	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Emmett O'Boyle 22940 Guidotti Drive Salinas, CA 93908 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Rucka, O'Boyle, Lombardo & McKenna Occupation Attorney Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Wayne F. Pacelle 403 Hinsdale Court Silver Spring, MD 20901 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Humane Society of the U.S. Occupation Lobbyist Aggregate Year-to-Date $ 250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Stephanie D. Paillard P.O. Box 963 Pebble Beach, CA 93953 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/14/1999	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Shirley Prussin 2636 Sloat Rd. Pebble Beach, CA 93953 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Robert H. Putnam P.O. Box 1503 Sacramento, CA 95812 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Zimmerman Corporation Occupation Owner Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			5,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Robert H. Putnam P.O. Box 1503 Sacramento, CA 95812 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Zimmerman Corporation Occupation Owner Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Reliable Equipment Company 2218 East Cliff Drive Santa Cruz, CA 95062 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer partnership attribution Occupation see below Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Ted Burke P.O. Box 65 Capitola, CA 95010 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Shadowbrook Occupation Partner Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 500.00 (memo)
D. Full Name, Mailing Address and ZIP Code Robert Monsey 2218 East Cliff Drive Santa Cruz, CA 95062 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Self Employed Occupation Harbour Services Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 500.00 (memo)
E. Full Name, Mailing Address and ZIP Code Bob Roberts 340 Townsend San Francisco, CA 94107 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer CA Ski Industry Occupation Executive Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code William A. Roberts 3540 Reservoir Road, NW Washington, DC 20007-2362 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Jefferson Government Relations LLC Occupation Corporate Executive Aggregate Year-to-Date $ 500.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Marion P. Robotti P.O. Box 333 Carmel, CA 93921 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
N. Michael Rucka 245 W. Laurel Drive Salinas, CA 93906	Rucka, O'Boyle, Lombardo & McKenna	11/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney Aggregate Year-to-Date $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Russo 700 13th Street, NW, Suite 400 Washington, DC 20005-3960	Retired	10/25/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julianne Sabadin 811 Enterprise Road Hollister, CA 95023	Retired	11/19/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date $ 1,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Wayne Sayer 8021 East Boulevard Drive Alexandria, VA 22308	Robert Wayne Sayer & Assoc.	11/10/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Consultant Aggregate Year-to-Date $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert I. Schramm 117 6th Street, N.E. Washington, DC 20002	Self Employed	10/25/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Consultant Aggregate Year-to-Date $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter K. Shah 975 West Alisal Street, Suite D Salinas, CA 93901	Stevens, Sloan & Shah	11/11/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: C.P.A. Aggregate Year-to-Date $ 1,000.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Simpson 1116 Laurent Street Santa Cruz, CA 95060	UC Santa Cruz	11/11/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Professor/Administrator Aggregate Year-to-Date $ 250.00		

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sally G. Smith 1728 Eichelberger Court Marina, CA 93933	Self Employed Designer/Educator	11/11/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sorensen's Resort 24255 Hwy. 88 Hope Valley, CA 96120	partnership attribution see below	11/10/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Brissenden 14255 Hwy. 88 Hope Valley, CA 96120	Self (Sorensen's Resort) Businessman	11/10/1999	500.00 (memo)
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patty Brissenden 14255 Hwy 88 Hope Valley, CA 96120	Self (Sorensen's Resort) Businesswoman	11/10/1999	500.00 (memo)
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Greg Steltenpohl Box B Davenport, CA 95017	Self Employed Business Owner	11/19/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Christine G. Stevens 1686 - 34th Street, NW Washington, DC 20007	Information Requested - No Response Information Requested - No Response	12/22/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Harley C. Stevens 1641 Green Street San Francisco, CA 94123	Retired Retired	11/09/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	250.00	

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code John K. Stewart 264 Glen Drive Sausalito, CA 94965-1919 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Carroll Burdick & McDonough Occupation Attorney Aggregate Year-to-Date $ 400.00	Date (month, day, year) 11/09/1999	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code John K. Stewart 264 Glen Drive Sausalito, CA 94965-1819 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Carroll Burdick & McDonough Occupation Attorney Aggregate Year-to-Date $ 400.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Joanne M. Storkan P.O. Box 1557 Pebble Beach, CA 93953-1557 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code J. Richard Thessing 64 Alejandra Atherton, CA 94027 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date $ 500.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Jonathan M. Tisch 655 Madison Avenue, 8th Floor New York, NY 10021-8043 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Loews Hotels Occupation Owner Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 08/16/1999	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Surjit Tut P.O. Box 900 Caruthers, CA 93609 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Tut Brothers Farm Occupation Farmer Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Bruce M. Woolpert 21717 Rainbow Drive Cupertino, CA 95014 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Granite Rock Company Occupation Manager Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 4,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Ken Wright P.O. Box 12 Big Sur, CA 93920	Name of Employer Self-Employed Occupation Motel Owner	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	50,924.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(b)

Contributions From Political Party Committees

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Parr C00290429

A. Full Name, Mailing Address and ZIP Code
Democratic Congressional Campaign Committee
430 South Capitol Street
Washington, DC 20003

Name of Employer | Date (month, day, year): 10/31/1999 | Amount of Each Receipt this Period: 169.79 (Inkind) phone banking, faxing, and copying

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 749.85

B. Full Name, Mailing Address and ZIP Code
Democratic Congressional Campaign Committee
430 South Capitol Street
Washington, DC 20003

Name of Employer | Date (month, day, year): 11/30/1999 | Amount of Each Receipt this Period: 110.69 (Inkind) fundraising expenses

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 749.85

C. Full Name, Mailing Address and ZIP Code

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $

D. Full Name, Mailing Address and ZIP Code

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $

E. Full Name, Mailing Address and ZIP Code

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $

F. Full Name, Mailing Address and ZIP Code

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $

G. Full Name, Mailing Address and ZIP Code

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $

SUBTOTAL of Receipts This Page (optional)	280.48
TOTAL This Period (last page this line number only)	280.48

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 8

FOR LINE NUMBER: 11(c)

Contributions From Other Political Committees

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 purpose, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (In Full): Friends of Farr C00290429 [07/01/1999 - 12/31/1999]

A. Full Name, Mailing Address and ZIP Code AFGE Political Action Committee 80 F Street, NW Washington, DC 20001 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	Date (month, day, year) 12/09/1999	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code American School Food Svcs. Assn. PAC-ASFSA 1600 Duke Street, 7th Floor Alexandria, VA 22314 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 250.00	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code American Assn. of Crop Insurers AACI-PAC One Massachusetts Ave., NW, Ste. 800 Washington, DC 20001 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code American Dental Political Action Committee 1111 14th Street Washington, DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code American Express Political Action Committee 1020 19th Street, NW Washington, DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 09/13/1999	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code American Federation of Teachers COPE 555 New Jersey Ave., NW Washington, DC 20001 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/12/1999	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code AFSCME People/Am. Fed. State-County-Municipal 1625 L Street, NW Washington, DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 5,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 2,500.00

SUBTOTAL of Receipts This Page (optional)	6,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) [07/01/1999 - 12/31/1999]

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AHMPAC/American Hotel Motel PAC 1201 New York Ave., NW, 6th Floor Washington, DC 20005-3931	Occupation	10/07/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	1,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Podiatric Medical Assn P.A.C. 9312 Old Georgetown Road Bethesda, MD 20814-1698	Occupation	10/25/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Society of Assn. Executives PAC 1575 I Street, NW Washington, DC 20005	Occupation	08/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	1,500.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Veterinary Medical Assoc. PAC 1101 Vermont Ave., N.W., Ste. 710 Washington, DC 20005	Occupation	12/22/1999	5,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	5,000.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ATLA PAC-Assoc of Trial Lawyers America PAC 1050 31st Street, NW Washington, DC 20007	Occupation	08/13/1999	4,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	6,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ATLA PAC-Assoc of Trial Lawyers America PAC 1050 31st Street, NW Washington, DC 20007	Occupation	11/12/1999	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $	6,000.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blue Diamond Growers PAC 1802 C Street Sacramento, CA 95814	Occupation	10/25/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	2,000.00	

SUBTOTAL of Receipts This Page (optional)	13,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 8
	FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290423

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blue Diamond Growers PAC 1802 C Street Sacramento, CA 95814		12/07/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	2,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Build PAC of the Nat'l Assn. of Home Builders 1201 15th Street, NW Washington, DC 20005-2800		11/05/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	2,000.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Burson-Marsteller Political Action Committee 1901 K Street, NW, Suite 901L Washington, DC 20006		08/13/1999	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	500.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CA Avocado Proponent Federal PAC 1200 Third Avenue, Suite 700 San Diego, CA 92101		10/25/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CA Beet Growers Assn. Ltd. PAC 2 West Swain Road Stockton, CA 95207		11/11/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CA Farm Bureau Federation PAC/FARM PAC 2300 River Plaza Drive Sacramento, CA 95833		09/20/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	1,000.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CALCOT Federal PAC P.O. Box 259 Bakersfield, CA 93302		10/25/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	1,500.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code
Cendant Corporation PAC
6 Sylvan Way
Parsippany, NJ 07054

Name of Employer | Date (month, day, year): 08/31/1999 | Amount of Each Receipt this Period: 1,000.00

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 1,000.00

B. Full Name, Mailing Address and ZIP Code
Coca-Cola Co NonPartisan Comm for Good Gvmt
P.O. Drawer 1734
Atlanta, GA 30301

Name of Employer | Date (month, day, year): 09/22/1999 | Amount of Each Receipt this Period: 500.00

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 500.00

C. Full Name, Mailing Address and ZIP Code
Comm. on Letter Carriers Pol. Ed. NALC
100 Indiana Avenue, NW
Washington, DC 20001

Name of Employer | Date (month, day, year): 10/25/1999 | Amount of Each Receipt this Period: 1,000.00

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 1,000.00

D. Full Name, Mailing Address and ZIP Code
Constructive Citizenship Program of Texas Inc
P.O. Box 742496
Dallas, TX 75374

Name of Employer | Date (month, day, year): 11/12/1999 | Amount of Each Receipt this Period: 250.00

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 250.00

E. Full Name, Mailing Address and ZIP Code
Credit Union Legislative Action Council
805 Fifteenth St., NW, Ste. 300
Washington, DC 20005-2207

Name of Employer | Date (month, day, year): 11/11/1999 | Amount of Each Receipt this Period: 1,000.00

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 2,000.00

F. Full Name, Mailing Address and ZIP Code
Dairy Farmers of America, Inc. DEPAC
3253 E. Chestnut Expressway
Springfield, MO 65803

Name of Employer | Date (month, day, year): 10/25/1999 | Amount of Each Receipt this Period: 1,000.00

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 1,500.00

G. Full Name, Mailing Address and ZIP Code
Edison International Companies Federal PAC
2244 Walnut Grove Avenue
Rosemead, CA 91770

Name of Employer | Date (month, day, year): 11/12/1999 | Amount of Each Receipt this Period: 1,000.00

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date $ 1,000.00

SUBTOTAL of Receipts This Page (optional) 5,750.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 8

FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Farm Credit PAC 50 F Street, NW, Ste. 900 Washington, DC 20001 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Federal Express PAC 2005 Corporate Ave. Memphis, TN 38132 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 08/12/1999	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Genentech, Inc. Federal Political Action Comm 460 Point San Bruno Blvd. South San Francisco, CA 94080 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 2,000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code General Atomics Federal PAC P.O. Box 22930 San Diego, CA 92112 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,500.00	Date (month, day, year) 11/12/1999	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Human Rights Campaign Fund PAC P.O. Box 1396 Washington, DC 20013 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/12/1999	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Humane Oregon Federal PAC 812 SW Chestnut Portland, OR 97219 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Independent Bankers Political Action Comm. One Thomas Circle, NW, Ste. 950 Washington, DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	5,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code INN PAC-Int'l Assn. of Holiday Inns, Inc. 3 Ravina Drive, Suite 2000 Atlanta, GA 30346-2149	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code Int'l Union of Operating Engineers (EPEC) 1125 Seventeenth St. N.W. Washington, DC 20036	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Laborer's Western Political League Fed PAC 620 Sunbeam Avenue Sacramento, CA 95814	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code Machinists Non-Partisan Political League 9000 Machinist Place Upper Marlboro, MD 20772	Name of Employer Occupation Aggregate Year-to-Date $ 2,000.00	Date (month, day, year) 11/12/1999	Amount of Each Receipt this Period 2,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Nat'l Comm to Preserve SS & Medicare PAC 2000 K Street, N.W., Sta. 800 Washington, DC 20006	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code Nat'l Council of Farmers Cooperatives PAC 50 F Street, NW, Suite 900 Washington, DC 20001	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code National Restuarant Association PAC 1200 Seventeenth Street, NW Washington, DC 20036-3097	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 09/03/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) 6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Turkey Federation PAC 11319 Sunset Hills Rd. Reston, VA 22090	Occupation	12/22/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Olsson, Frank And Weeda, P.A.C. 1400 Sixteenth Street, NW, #400 Washington, DC 20036	Occupation	10/25/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PEACH-PAC General Acct. CA Canning Peach Assn POB 7001 Lafayette, CA 94549	Occupation	11/12/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
SEIU COPE US Division 1313 L Street, NW Washington, DC 20005	Occupation	12/30/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	1,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sher & Blackwell PAC 2000 L Street, NW, Suite 612 Washington, DC 20036	Occupation	12/22/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	100.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sun-Maid Growers of California PAC 13225 South Bethel Ave. Kingsburg, CA 93631	Occupation	10/25/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sunkist PAC P.O. Box 5576 Sherman Oaks, CA 91413	Occupation	10/25/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	2,000.00	

SUBTOTAL of Receipts This Page (optional)	3,850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code
Transportation Political Education League
14600 Detroit Avenue
Cleveland, CA 44107

Name of Employer
Occupation
Date (month, day, year): 10/25/1999
Amount of Each Receipt this Period: 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date $ 2,000.00

B. Full Name, Mailing Address and ZIP Code
UAW V CAP
8000 East Jefferson Avenue
Detroit, MI 48214-3963

Name of Employer
Occupation
Date (month, day, year): 11/12/1999
Amount of Each Receipt this Period: 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date $ 2,000.00

C. Full Name, Mailing Address and ZIP Code
UPSPAC United Parcel Service
400 Perimeter Center
Atlanta, GA 30346

Name of Employer
Occupation
Date (month, day, year): 11/09/1999
Amount of Each Receipt this Period: 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date $ 4,500.00

D. Full Name, Mailing Address and ZIP Code
UPSPAC United Parcel Service
400 Perimeter Center
Atlanta, GA 30346

Name of Employer
Occupation
Date (month, day, year): 12/31/1999
Amount of Each Receipt this Period: 2,500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date $ 4,500.00

E. Full Name, Mailing Address and ZIP Code
Wellpoint Health Networks PAC/WELLPAC
21555 Oxnard Street
Woodland Hills, CA 91367

Name of Employer
Occupation
Date (month, day, year): 11/12/1999
Amount of Each Receipt this Period: 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date $ 1,000.00

F. Full Name, Mailing Address and ZIP Code
Wine Institute Federal PAC
425 Market St., Ste. 1000
San Francisco, CA 94105

Name of Employer
Occupation
Date (month, day, year): 10/25/1999
Amount of Each Receipt this Period: 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date $ 500.00

G. Full Name, Mailing Address and ZIP Code
Woolsey for Congress
P.O. Box 750176
Petaluma, CA 94975

Name of Employer
Occupation
Date (month, day, year): 11/11/1999
Amount of Each Receipt this Period: 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date $ 500.00

SUBTOTAL of Receipts This Page (optional) 7,500.00

TOTAL This Period (last page this line number only) 54,600.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 15

Other Receipts

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Sacramento Commercial Bank P.O. Box 862 Sacramento, CA 95812-0862 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,294.63	Date (month, day, year) 07/26/1999	Amount of Each Receipt this Period 99.69 interest earned
B. Full Name, Mailing Address and ZIP Code Sacramento Commercial Bank P.O. Box 862 Sacramento, CA 95812-0862 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,294.63	Date (month, day, year) 08/23/1999	Amount of Each Receipt this Period 99.87 interest earned
C. Full Name, Mailing Address and ZIP Code Sacramento Commercial Bank P.O. Box 862 Sacramento, CA 95812-0862 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,294.63	Date (month, day, year) 09/27/1999	Amount of Each Receipt this Period 125.06 interest earned
D. Full Name, Mailing Address and ZIP Code Sacramento Commercial Bank P.O. Box 862 Sacramento, CA 95812-0862 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,294.63	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 100.28 interest earned
E. Full Name, Mailing Address and ZIP Code Sacramento Commercial Bank P.O. Box 862 Sacramento, CA 95812-0862 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,294.63	Date (month, day, year) 11/22/1999	Amount of Each Receipt this Period 100.46 interest earned
F. Full Name, Mailing Address and ZIP Code Sacramento Commercial Bank P.O. Box 862 Sacramento, CA 95812-0862 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,294.63	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period 125.80 interest earned
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	651.15
TOTAL This Period (last page this line number only)	651.15

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 18

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code AT & T* 795 Folsom Street, Room 625 San Francisco, CA 94107	Purpose of Disbursement travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/15/1999	Amount of Each Disbursement This Period 1,143.00
B. Full Name, Mailing Address and ZIP Code Andrews Printing P.O. Box 185 Seaside, CA 93955	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/19/1999	Amount of Each Disbursement This Period 394.69
C. Full Name, Mailing Address and ZIP Code Andrews Printing P.O. Box 185 Seaside, CA 93955	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/19/1999	Amount of Each Disbursement This Period 725.25
D. Full Name, Mailing Address and ZIP Code Andrews Printing P.O. Box 185 Seaside, CA 93955	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/12/1999	Amount of Each Disbursement This Period 1,631.59
E. Full Name, Mailing Address and ZIP Code Andrews Printing P.O. Box 185 Seaside, CA 93955	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/09/1999	Amount of Each Disbursement This Period 5,002.07
F. Full Name, Mailing Address and ZIP Code David L. Andrukitis, Inc. 50 E Street, S.E. Washington, DC 20003	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/08/1999	Amount of Each Disbursement This Period 710.64
G. Full Name, Mailing Address and ZIP Code Automated Mailing Service P.O. Box 1906 Monterey, CA 93942	Purpose of Disbursement see below Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/06/1999	Amount of Each Disbursement This Period 625.49
H. Full Name, Mailing Address and ZIP Code DS Postmaster Monterey, CA	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/06/1999	Amount of Each Disbursement This Period 625.49 (memo)
I. Full Name, Mailing Address and ZIP Code Cantrell/Cutter Printing, Inc. 1789 Olive Street Capital Heights, MD 20743	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/1999	Amount of Each Disbursement This Period 1,377.92

SUBTOTAL of Disbursements This Page (optional) 11,610.64

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Purpose of Disbursement phone banking, faxing and copying Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/31/1999	Amount of Each Disbursement This Period 169.79 (Inkind)
B. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Purpose of Disbursement fundraising expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/30/1999	Amount of Each Disbursement This Period 110.69 (Inkind)
C. Full Name, Mailing Address and ZIP Code Sam Farr P.O. Box 122 Monterey, CA 93940	Purpose of Disbursement luncheon Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/12/1999	Amount of Each Disbursement This Period 80.40
D. Full Name, Mailing Address and ZIP Code Sam Farr P.O. Box 122 Monterey, CA 93940	Purpose of Disbursement photography Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/14/1999	Amount of Each Disbursement This Period 50.44
E. Full Name, Mailing Address and ZIP Code Shary Farr P.O. Box 7548 Carmel, CA 93920	Purpose of Disbursement fundraising expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/12/1999	Amount of Each Disbursement This Period 225.00
F. Full Name, Mailing Address and ZIP Code Shary Farr P.O. Box 7548 Carmel, CA 93920	Purpose of Disbursement see below Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/12/1999	Amount of Each Disbursement This Period 301.21
G. Full Name, Mailing Address and ZIP Code Nielsen Brothers Market 7th & San Carlos Carmel, CA	Purpose of Disbursement reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/12/1999	Amount of Each Disbursement This Period 293.21 (memo)
H. Full Name, Mailing Address and ZIP Code Shary Farr P.O. Box 7548 Carmel, CA 93920	Purpose of Disbursement see below Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/09/1999	Amount of Each Disbursement This Period 217.26
I. Full Name, Mailing Address and ZIP Code Safeway Carmel, CA	Purpose of Disbursement reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/09/1999	Amount of Each Disbursement This Period 217.26 (memo)

SUBTOTAL of Disbursements This Page (optional) 1,154.79

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Federal Express Corp. P.O. Box 1140/Dept. A Memphis, TN 38101-1140	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/19/1999	Amount of Each Disbursement This Period 12.75
B. Full Name, Mailing Address and ZIP Code Federal Express Corp. P.O. Box 1140/Dept. A Memphis, TN 38101-1140	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/26/1999	Amount of Each Disbursement This Period 138.00
C. Full Name, Mailing Address and ZIP Code Federal Express Corp. P.O. Box 1140/Dept. A Memphis, TN 38101-1140	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/23/1999	Amount of Each Disbursement This Period 143.75
D. Full Name, Mailing Address and ZIP Code Federal Express Corp. P.O. Box 1140/Dept. A Memphis, TN 38101-1140	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/24/1999	Amount of Each Disbursement This Period 30.25
E. Full Name, Mailing Address and ZIP Code Federal Express Corp. P.O. Box 1140/Dept. A Memphis, TN 38101-1140	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/1999	Amount of Each Disbursement This Period 80.50
F. Full Name, Mailing Address and ZIP Code Federal Express Corp. P.O. Box 1140/Dept. A Memphis, TN 38101-1140	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/19/1999	Amount of Each Disbursement This Period 247.75
G. Full Name, Mailing Address and ZIP Code Federal Express Corp. P.O. Box 1140/Dept. A Memphis, TN 38101-1140	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/24/1999	Amount of Each Disbursement This Period 243.00
H. Full Name, Mailing Address and ZIP Code Federal Express Corp. P.O. Box 1140/Dept. A Memphis, TN 38101-1140	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/20/1999	Amount of Each Disbursement This Period 164.25
I. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/15/1999	Amount of Each Disbursement This Period 623.57

SUBTOTAL of Disbursements This Page (optional)	1,683.82
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/1999	623.57
B. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/13/1999	623.57
C. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	gift for constituent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/23/1999	77.18
D. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/1999	623.57
E. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/1999	623.57
F. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/1999	623.57
G. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	copies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/07/1999	121.25
H. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/1999	198.00
I. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	office supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/1999	42.36

SUBTOTAL of Disbursements This Page (optional)	3,556.64
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

A. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement food for volunteers Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/14/1999	Amount of Each Disbursement This Period 81.88
B. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/15/1999	Amount of Each Disbursement This Period 623.57
C. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/31/1999	Amount of Each Disbursement This Period 623.57
D. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/09/1999	Amount of Each Disbursement This Period 5.19
E. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/09/1999	Amount of Each Disbursement This Period 66.83
F. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/15/1999	Amount of Each Disbursement This Period 623.57
G. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement meals Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/23/1999	Amount of Each Disbursement This Period 65.18
H. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/23/1999	Amount of Each Disbursement This Period 6.91
I. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement office supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/23/1999	Amount of Each Disbursement This Period 171.47

SUBTOTAL of Disbursements This Page (optional)	2,268.17
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Parr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/1999	623.57
B. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/15/1999	623.57
C. Full Name, Mailing Address and ZIP Code Plasha Fielding P.O. Box 22611 Carmel, CA 93922	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/30/1999	623.57
D. Full Name, Mailing Address and ZIP Code GTE Wireless P.O. Box 630026 Dallas, TX 75263-0026	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/01/1999	122.82
E. Full Name, Mailing Address and ZIP Code GTE Wireless P.O. Box 630026 Dallas, TX 75263-0026	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/02/1999	97.61
F. Full Name, Mailing Address and ZIP Code GTE Wireless P.O. Box 630026 Dallas, TX 75263-0026	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/1999	128.88
G. Full Name, Mailing Address and ZIP Code GTE Wireless P.O. Box 630026 Dallas, TX 75263-0026	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/1999	245.19
H. Full Name, Mailing Address and ZIP Code GTE Wireless P.O. Box 630026 Dallas, TX 75263-0026	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/14/1999	97.54
I. Full Name, Mailing Address and ZIP Code Don Gruber 39061 Tassajara Road Carmel Valley, CA 93924	Purpose of Disbursement photography Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/02/1999	167.31

SUBTOTAL of Disbursements This Page (optional)	2,720.06
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code The Homestead P.O. Box 2000 Hot Springs, VA 24445	retreat Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/03/1999	500.00
B. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/14/1999	1,250.00
C. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/29/1999	1,250.00
D. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/12/1999	1,250.00
E. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/30/1999	1,250.00
F. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/14/1999	1,250.00
G. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/1999	1,250.00
H. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/1999	1,250.00
I. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/1999	1,250.00

SUBTOTAL of Disbursements This Page (optional)	10,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	fundraising expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/08/1999	150.00
B. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	Purpose of Disbursement fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/12/1999	1,250.00
C. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	Purpose of Disbursement fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/1999	1,250.00
D. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	Purpose of Disbursement fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/14/1999	1,250.00
E. Full Name, Mailing Address and ZIP Code Kieloch Consulting, Inc. 227 Massachusetts Avenue, NE, #302 Washington, DC 20002	Purpose of Disbursement fundraising consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/29/1999	1,250.00
F. Full Name, Mailing Address and ZIP Code Kinko's P.O. Box 672085 Dallas, TX 75267-2085	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/1999	445.08
G. Full Name, Mailing Address and ZIP Code Peter Meuse - Meuse Media 761 Spruce Avenue Pacific Grove, CA 93950	Purpose of Disbursement fundraising expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/07/1999	1,325.00
H. Full Name, Mailing Address and ZIP Code NGP Software, Inc. 5440 Nevada Avenue, NW Washington, DC 20015	Purpose of Disbursement computer equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/07/1999	4,250.00
I. Full Name, Mailing Address and ZIP Code NGP Software, Inc. 5440 Nevada Avenue, NW Washington, DC 20015	Purpose of Disbursement computer equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/02/1999	350.00

SUBTOTAL of Disbursements This Page (optional) 11,520.08

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
A.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal services	☐ Primary ☐ General ☐ Other (specify)	07/15/1999	1,451.50
B.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal expenses	☐ Primary ☐ General ☐ Other (specify)	07/15/1999	39.99
C.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal services	☐ Primary ☐ General ☐ Other (specify)	08/13/1999	1,265.00
D.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal expenses	☐ Primary ☐ General ☐ Other (specify)	08/13/1999	95.83
E.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal services	☐ Primary ☐ General ☐ Other (specify)	09/15/1999	760.50
F.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal expenses	☐ Primary ☐ General ☐ Other (specify)	09/15/1999	147.02
G.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal services	☐ Primary ☐ General ☐ Other (specify)	10/15/1999	604.50
H.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal expenses	☐ Primary ☐ General ☐ Other (specify)	10/15/1999	50.51
I.	Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	legal services	☐ Primary ☐ General ☐ Other (specify)	11/15/1999	652.00

SUBTOTAL of Disbursements This Page (optional)	5,066.85
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Farr C00290429

(07/01/1999 - 12/31/1999)

A. Full Name, Mailing Address and ZIP Code Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	Purpose of Disbursement legal expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/15/1999	Amount of Each Disbursement This Period 74.44
B. Full Name, Mailing Address and ZIP Code Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	Purpose of Disbursement legal services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/15/1999	Amount of Each Disbursement This Period 1,496.50
C. Full Name, Mailing Address and ZIP Code Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	Purpose of Disbursement legal expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/15/1999	Amount of Each Disbursement This Period 177.06
D. Full Name, Mailing Address and ZIP Code Rebecca Ormsby Studios 101 Paces Brook Avenue, Apt. 10138 Columbia, SC 29212	Purpose of Disbursement photography Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/02/1999	Amount of Each Disbursement This Period 45.00
E. Full Name, Mailing Address and ZIP Code Rebecca Ormsby Studios 101 Paces Brook Avenue, Apt. 10138 Columbia, SC 29212	Purpose of Disbursement photography Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/1999	Amount of Each Disbursement This Period 60.00
F. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Sacramento, CA 95887	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/02/1999	Amount of Each Disbursement This Period 19.07
G. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Sacramento, CA 95887	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/1999	Amount of Each Disbursement This Period 77.36
H. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Sacramento, CA 95887	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/1999	Amount of Each Disbursement This Period 21.78
I. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Sacramento, CA 95887	Purpose of Disbursement phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/12/1999	Amount of Each Disbursement This Period 41.63

SUBTOTAL of Disbursements This Page (optional)	2,012.84
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Sacramento, CA 95887	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/1999	158.25
B. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Sacramento, CA 95887	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/09/1999	35.30
C. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Sacramento, CA 95887	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/02/1999	30.24
D. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Sacramento, CA 95887	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/14/1999	92.21
E. Full Name, Mailing Address and ZIP Code Greg Pio Photography 1009 Broadway Santa Cruz, CA 95062	photography Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/23/1999	868.05
F. Full Name, Mailing Address and ZIP Code Red Shift Internet Services 712 Hawthorne Street, Dept. C Monterey, CA 93940-1102	website services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/19/1999	82.46
G. Full Name, Mailing Address and ZIP Code Red Shift Internet Services 712 Hawthorne Street, Dept. C Monterey, CA 93940-1102	website services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/23/1999	30.95
H. Full Name, Mailing Address and ZIP Code Red Shift Internet Services 712 Hawthorne Street, Dept. C Monterey, CA 93940-1102	website services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/1999	61.90
I. Full Name, Mailing Address and ZIP Code Red Shift Internet Services 712 Hawthorne Street, Dept. C Monterey, CA 93940-1102	website services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/09/1999	61.90

SUBTOTAL of Disbursements This Page (optional)	1,421.26
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Friends of Farr C00290429

(07/01/1999 - 12/31/1999)

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Red Shift Internet Services 712 Hawthorne Street, Dept. C Monterey, CA 93940-1102	website services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/09/1999	60.00
B. Full Name, Mailing Address and ZIP Code Red Shift Internet Services 712 Hawthorne Street, Dept. C Monterey, CA 93940-1102	website services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/14/1999	49.95
C. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/15/1999	183.81
D. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/15/1999	30.00
E. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/1999	183.81
F. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/1999	30.00
G. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/13/1999	183.81
H. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/13/1999	30.00
I. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/1999	183.81

SUBTOTAL of Disbursements This Page (optional)	935.19
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Parr C00290429

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll services ☐ Primary ☐ General ☐ Other (specify)	08/31/1999	30.00
B. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes ☐ Primary ☐ General ☐ Other (specify)	09/15/1999	183.81
C. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll service ☐ Primary ☐ General ☐ Other (specify)	09/15/1999	30.00
D. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes ☐ Primary ☐ General ☐ Other (specify)	09/30/1999	183.81
E. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll service ☐ Primary ☐ General ☐ Other (specify)	09/30/1999	30.00
F. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes ☐ Primary ☐ General ☐ Other (specify)	10/15/1999	183.81
G. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll services ☐ Primary ☐ General ☐ Other (specify)	10/15/1999	30.00
H. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes ☐ Primary ☐ General ☐ Other (specify)	10/31/1999	183.81
I. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll service ☐ Primary ☐ General ☐ Other (specify)	10/31/1999	30.00

SUBTOTAL of Disbursements This Page (optional) 885.24

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/15/1999	183.81
B. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/15/1999	30.00
C. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/1999	183.81
D. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/1999	30.00
E. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/15/1999	183.81
F. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/15/1999	30.00
G. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/30/1999	183.81
H. Full Name, Mailing Address and ZIP Code River City Business Service 5435 Madison Avenue Sacramento, CA 95841	payroll services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/30/1999	30.00
I. Full Name, Mailing Address and ZIP Code Salinas City Fire Fighters P.O. Box 10683 Salinas, CA 93912-0683	advertising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/26/1999	600.00

SUBTOTAL of Disbursements This Page (optional) 1,455.24

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Seascape Resort & Conference Center One Seascape Resort Dr. Aptos, CA 95003	fundraising expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/07/1999	5,000.00
B. Full Name, Mailing Address and ZIP Code Seascape Resort & Conference Center One Seascape Resort Dr. Aptos, CA 95003	fundraising expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/09/1999	6,399.49
C. Full Name, Mailing Address and ZIP Code Secretary of State 1500 11th Street, Room 495 Sacramento, CA 95814	copies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/1999	23.20
D. Full Name, Mailing Address and ZIP Code Secretary of State 1500 11th Street, Room 495 Sacramento, CA 95814	filing fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/09/1999	1,367.00
E. Full Name, Mailing Address and ZIP Code Simply Classic Cuisine 9814 Cottrell Terrace Silver Spring, MD 20903	fundraising expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/08/1999	750.00
F. Full Name, Mailing Address and ZIP Code State Compensation Insurance Fund P.O. Box 7854 San Francisco, CA 94120-7854	insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/02/1999	19.65
G. Full Name, Mailing Address and ZIP Code State Compensation Insurance Fund P.O. Box 7854 San Francisco, CA 94120-7854	insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/02/1999	19.65
H. Full Name, Mailing Address and ZIP Code State Compensation Insurance Fund P.O. Box 7854 San Francisco, CA 94120-7854	insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/01/1999	19.65
I. Full Name, Mailing Address and ZIP Code State Compensation Insurance Fund P.O. Box 7854 San Francisco, CA 94120-7854	insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/04/1999	19.65

SUBTOTAL of Disbursements This Page (optional)	14,218.29
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code State Compensation Insurance Fund P.O. Box 7854 San Francisco, CA 94120-7854	insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/01/1999	19.65
B. Full Name, Mailing Address and ZIP Code State Compensation Insurance Fund P.O. Box 7854 San Francisco, CA 94120-7854	insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/02/1999	19.65
C. Full Name, Mailing Address and ZIP Code U.S. Postmaster - Carmel P.O. Box 22611 Carmel, CA 93922	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/1999	1,120.00
D. Full Name, Mailing Address and ZIP Code U.S. Postmaster - Carmel P.O. Box 22611 Carmel, CA 93922	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/07/1999	100.00
E. Full Name, Mailing Address and ZIP Code U.S. Postmaster - Carmel P.O. Box 22611 Carmel, CA 93922	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/02/1999	160.00
F. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/07/1999	35.47
G. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/11/1999	35.47
H. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/01/1999	15.00
I. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/01/1999	15.00

SUBTOTAL of Disbursements This Page (optional)	1,520.24
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Parr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/07/1999	20.47
B. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/01/1999	15.00
C. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/1999	20.47
D. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/1999	210.74
E. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/08/1999	20.47
F. Full Name, Mailing Address and ZIP Code U.S. Bank P.O. Box 64799 Saint Paul, MN 55164	bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/07/1999	20.47
G. Full Name, Mailing Address and ZIP Code US Postmaster 850 Front Street Santa Cruz, CA 95060	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/10/1999	1,200.00
H. Full Name, Mailing Address and ZIP Code US Postmaster - Washington Washington, DC	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/05/1999	600.00
I. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/19/1999	16.69

SUBTOTAL of Disbursements This Page (optional) 2,124.31

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Operating Expenditures

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NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/19/1999	8.33
B. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/1999	8.21
C. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/1999	30.94
D. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/1999	9.79
E. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/1999	33.72
F. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/1999	32.42
G. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/1999	10.18
H. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/23/1999	20.27
I. Full Name, Mailing Address and ZIP Code Working Assets P.O. Box 2024 Mechanicsburg, PA 17055-0764	phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/23/1999	27.27

SUBTOTAL of Disbursements This Page (optional)	191.13
TOTAL This Period (last page this line number only)	74,834.79

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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Other Disbursements

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) (07/01/1999 - 12/31/1999)

Friends of Farr C00290429

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Joe Baca P.O. Box 362 San Bernardino, CA 92404	Contribution to Joe Baca CD-42, California Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Special Runoff	10/13/1999	1,000.00
B. Full Name, Mailing Address and ZIP Code CARAL-CA Abortion Rts & Reproductive Action 32 Monterey Blvd. San Francisco, CA 94131	Civic Donation Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/07/1999	250.00
C. Full Name, Mailing Address and ZIP Code Santa Cruz Democratic Central Committee 519 Walnut Avenue Santa Cruz, CA 95060	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/23/1999	24.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,274.00
TOTAL This Period (last page this line number only)	1,274.00

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 9
(Use separate schedules for each numbered line)

Name of Committee (In Full): Friends of Farr
C00290429

(07/01/1999 - 12/31/1999)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Democratic Women's Club 104 Adobe Street Santa Cruz, CA 95060	250.00	0.00	250.00

Election: ☐ Primary ☐ General X Other (specify):

Terms: Date Incurred 08/25/1998 Date Due 08/25/1999 Interest Rate 0.00 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding: $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding: $

SUBTOTALS This Period This Page (optional)	250.00
TOTALS This Period (last page in this line only)	250.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full) (07/01/1999 - 12/31/1999) Friends of Farr C00290429	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Cellular One Phoenix, AZ	652.75	0.00	0.00	652.75
Nature of Debt (Purpose): phones **IN DISPUTE**				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Olson Hagel Leidigh Waters & Fishburn, LLP 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	1,491.49	0.00	1,491.49	0.00
Nature of Debt (Purpose): legal services, expenses				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	652.75
2) TOTAL This Period (last page in this line only)	652.75
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	652.75

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.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1/31/00
☐	No Postmark	
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☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

RB
PREPARER

2/4/00
DATE PREPARED

(4/98)