

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Farr

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. **FEC IDENTIFICATION NUMBER**

C00290429

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

CA 17

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 07 01 2003 through 09 30 2003

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 Electronically Filed by Sidney Slade Date 10 10 2003

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Farr

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 7 0 1 2 0 0 3 0 9 3 0 2 0 0 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	59573.52	128394.26
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	59573.52	128294.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	23120.73	106509.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	88.50	2681.11
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23032.23	103828.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	77362.45	
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).....	1350.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name

Friends of Farr

Report Covering the Period: From: M M D J Y ' ' ' ' 0 7 0 1 2 0 0 3

To: V V U J Y ' ' ' ' 0 9 3 0 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	31050.00	
(i) Itemized (use Schedule A).....	2755.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions	33805.00	44610.10
from individuals..... ▶		
(b) Political Party Committees.....	18.52	284.16
(c) Other Political Committees (such as PACS).....	25750.00	83500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	59573.52	128394.26
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	88.50	2681.11
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2.43	16.87
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	59664.45	131092.24

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23120.73	106509.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	5450.00	6959.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	28570.73	113568.41
<hr/>		
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....		46268.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....		59664.45
25. SUBTOTAL (add Line 23 and Line 24).....		105933.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....		28570.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....		77362.45

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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 purposes, 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

Full Name (Last, First, Middle Initial) A. Mahmoud Abouzeid Jr.		Date of Receipt M / D / Y 07 / 15 / 2003
Mailing Address 105 Fifth Street		Transaction ID: A2694
City State Zip Code Pacific Grove CA 93950	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Mahmoud Abouzeid, Attorney	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Gabriele Adelman		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 1365 Meadowridge Road		Transaction ID: A2720
City State Zip Code Coralitos CA 95076-0356	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Riek Antia		Date of Receipt M / D / Y 08 / 21 / 2003
Mailing Address P.O. Box 4070		Transaction ID: A2711
City State Zip Code Salinas CA 95912	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Tanimura & Antle, Inc.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
 Friends of Farr

Full Name (Last, First, Middle Initial) A. Peter E. Blackstock		Date of Receipt M / D / Y 08 / 08 / 2003
Mailing Address P.O. Box 389		Transaction ID: A2705
City Pebble Beach	State CA	Zip Code 93953
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Victory Toyota	Occupation Automobile Dealer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Noelle Christian Blau		Date of Receipt M / D / Y 08 / 21 / 2003
Mailing Address 405 Granite Street		Transaction ID: A2712
City Pacific Grove	State CA	Zip Code 93950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ed Boutonnet		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 85 Paseo Hermoso		Transaction ID: A2735
City Salinas	State CA	Zip Code 93908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ocean Mist Farms	Occupation Chief Executive Officer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Michael Brock		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 77330 Medicine Bow Circle		Transaction ID: A2691
City Indian Wells	State CA	Zip Code 92210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer R. Bandasarian Inc.	Occupation Grower	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Walter N. Clark		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 1254 Del Monte Boulevard		Transaction ID: A2699
City Pacific Grove	State CA	Zip Code 93950-2038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. George W. Couch, III		Date of Receipt M / D / Y 08 / 30 / 2003
Mailing Address P.O. Box 50004		Transaction ID: A2729
City Watsonville	State CA	Zip Code 95078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Couch Distributing Company	Occupation Businessman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Sherad Stone Davis		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 814 Magellan Lane		Transaction ID: A2722
City	State	Zip Code
Foster City	CA	94404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Rosena Duraven		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 22315 Davenrich Street		Transaction ID: A2723
City	State	Zip Code
Salinas	CA	93908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Berry Farms	Occupation Agriculture	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lewel I. Figen		Date of Receipt M / D / Y 08 / 30 / 2003
Mailing Address P.O. Box 1627		Transaction ID: A2753
City	State	Zip Code
Monterey	CA	93942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Realtor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Margaret S.L. Giberson		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 52 Holman Road		Transaction ID: A2796
City Carmel Valley	State CA	Zip Code 93824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Margaret Giberson, Researcher	Occupation Researcher	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Thomas A. Gray		Date of Receipt M / D / Y 08 / 30 / 2003
Mailing Address 33900 Robinson Canyon Road		Transaction ID: A2731
City Carmel	State CA	Zip Code 93823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rancho San Carlos	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Joseph F. Jewett		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 149 Del Mesa Carmel		Transaction ID: A27D1
City Carmel	State CA	Zip Code 93823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Paul F. Kagan		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address 25849 Hatton Road		Transaction ID: A2742
City Carmel	State CA	Zip Code 93823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Paul Kagan, Consulting	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Alife Khalil		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address 712 Laine St.		Transaction ID: A2743
City Monterey	State CA	Zip Code 93940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Defense Language Institute	Occupation Foreign Language Instructor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Karen Miller		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 399		Transaction ID: A2739
City Watsonville	State CA	Zip Code 95078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Clink Miller Farms, Inc.	Occupation Farmer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 43	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Katherine P. Minott		Date of Receipt M / D / Y 08 / 23 / 2003
Mailing Address 745 Oak Hill Road		Transaction ID: A2718
City Aptos	State CA	Zip Code 95003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Emmett O'Boyle		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address 22940 Guidotti Drive		Transaction ID: A2744
City Salinas	State CA	Zip Code 93908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rucka, O'Boyle, Lombardo & McKenna	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Marlon P. Robott		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 333		Transaction ID: A2740
City Camel	State CA	Zip Code 93921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 43	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Sally Christine Rodgers		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address 500 Westridge Drive		Transaction ID: A2745
City Watsonville	State CA	Zip Code 95076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Unemployed	Occupation Unemployed	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Philips D. Rowe		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address P.O. Box 5187		Transaction ID: A2746
City Carmel	State CA	Zip Code 93921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Windermere Real Estate	Occupation Real Estate Agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jan P. Shah		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 123 Greenbriar Way		Transaction ID: A2724
City Salinas	State CA	Zip Code 93907-2108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Stevens, Sloan & Shah	Occupation Secretary	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Jan P. Shah		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 123 Greenbriar Way		Transaction ID: A2773
City	State	Zip Code
Salinas	CA	93907-2106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Stevens, Sloan & Shah	Occupation Secretary	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Peter K. Shah		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 123 Greenbriar Way		Transaction ID: A2725
City	State	Zip Code
Salinas	CA	93907-2106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Stevens, Sloan & Shah	Occupation Certified Public Accountant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Peter K. Shah		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 123 Greenbriar Way		Transaction ID: A2774
City	State	Zip Code
Salinas	CA	93907-2106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Stevens, Sloan & Shah	Occupation Certified Public Accountant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 43	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Joanne M. Storkan		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address P.O. Box 1557		Transaction ID: A2752
City Pebble Beach	State CA	Zip Code 93853-1557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mariko T. Sumida		Date of Receipt M / D / Y 08 / 23 / 2003
Mailing Address 2 Via Castaneda		Transaction ID: A2719
City Monterey	State CA	Zip Code 93940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mariko Sumida, Nursery Worker	Occupation Nursery Worker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Janet N. Swords		Date of Receipt M / D / Y 09 / 05 / 2003
Mailing Address 110 Riverside Drive, Apartment 15C		Transaction ID: A2728
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Sally H. Taylor		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 59431 Garrapatos Road		Transaction ID: A2741
City Carmel	State CA	Zip Code 93823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sally Taylor, Consultant	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas P. Walters		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 3908 Colonial Avenue		Transaction ID: A2767
City Alexandria	State VA	Zip Code 22309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Thomas Walters & Associates, Inc.	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Eleanor Wasson		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address 680 Escalona Drive		Transaction ID: A2748
City Santa Cruz	State CA	Zip Code 95060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 43	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
 Friends of Farr

Full Name (Last, First, Middle Initial) A. Daniel Weiner		Date of Receipt M / D / Y 08 / 30 / 2008
Mailing Address Route 1, Box 71		Transaction ID: A2784
City State Zip Code Carmel Highlands CA 93823-9803	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Monterey Peninsula Artists	Occupation Music Agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	31050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 43	
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Friends of Farr

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Date of Receipt M / D / Y 08 / 31 / 2008
Mailing Address 430 South Capitol Street		Transaction ID: A2757
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.52
Name of Employer	Occupation	Fundraising Services Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 284.16	(In kind)

SUBTOTAL of Receipts This Page (optional)	▶	18.52
TOTAL This Period (last page this line number only)	▶	18.52

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. A&B Federal PAC(Alexander & Baldwin, Inc.)		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address P.O. Box 3440		Transaction ID: A2708
City Honolulu	State HI	Zip Code 96801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. AFGE Political Action Committee		Date of Receipt M / D / Y 07 / 21 / 2008
Mailing Address 80 F Street, NW		Transaction ID: A2700
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. American Dental Political Action Committee		Date of Receipt M / D / Y 09 / 24 / 2008
Mailing Address 1111 14th Street, NW, Suite 1100		Transaction ID: A2760
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. American Federation of Teachers COPE Voluntary A/C		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 555 New Jersey Avenue, NW		Transaction ID: A2778
City	State	Zip Code
Washington	DC	20001-2029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Optometric Association PAC		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 1505 Prince St., Ste. 300		Transaction ID: A2772
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. American Postal Worker COPA		Date of Receipt M / D / Y 09 / 15 / 2003
Mailing Address 1300 L Street, NW		Transaction ID: A2758
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. American Society of Travel Agents Inc. PAC		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1101 King Street		Transaction ID: A2763
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. American Veterinary Medical Association PAC		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 1101 Vermont Avenue, N.W., Suite 710		Transaction ID: A2684
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. American Vintners Association for Progress Federal PAC		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1200 G Street, NW, 3360		Transaction ID: A2762
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) Committee for the Advancement of Cotton		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address P.O. Box 12292		Transaction ID: A2779
City	State	Zip Code
Memphis	TN	38182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) Dealers Election Action Committee		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 8400 Westpark Dr.		Transaction ID: A2780
City	State	Zip Code
McLean	VA	22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) Genentech, Inc. Federal Political Action Comm		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 480 Point San Bruno Blvd.		Transaction ID: A2710
City	State	Zip Code
S. San Francisco	CA	94080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. American Hotel & Lodging Assn. PAC - Hotel PAC		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1201 New York Avenue, NW, Suite 600		Transaction ID: A2765
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Laborers' Political League - Laborers' International Union of North America		Date of Receipt M / D / Y 07 / 06 / 2003
Mailing Address 905 16th Street Northwest		Transaction ID: A2685
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Machinists Non-Partisan Political League		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 9000 Machinist Place		Transaction ID: A2709
City Upper Marlboro	State MD	Zip Code 20772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. National Council of Farmer Cooperatives PAC		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 50 F Street, N.W., Ste. 800		Transaction ID: A2692
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

Full Name (Last, First, Middle Initial) B. NATCA PAC National Air Traffic Controllers Association PAC		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1325 Massachusetts Avenue, Northwest		Transaction ID: A2766
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

Full Name (Last, First, Middle Initial) C. National Rural Letter Carriers Association PAC		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 1630 Duke Street, 4th Floor		Transaction ID: A2683
City	State	Zip Code
Alexandria	VA	22314-5465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 43	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
 Friends of Farr

Full Name (Last, First, Middle Initial) A. United Auto Workers V CAP		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 8000 East Jefferson Avenue		Transaction ID: A2769
City	State	Zip Code
Detroit	MI	48214-3863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Western Peanut Growers PAC		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address Box 252		Transaction ID: A2768
City	State	Zip Code
Seminole	TX	79260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	25750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 25 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Airport Road Self-Storage Inc.		Transaction ID: B937 Date of Disbursement 08 / 01 / 2003
Mailing Address 847 Airport Road		Amount of Each Disbursement this Period 84.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monterey	State CA Zip Code 95814	
Purpose of Disbursement Rent Storage	Candidate Name Category/ Type 001	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) B. Airport Road Self-Storage Inc.		Transaction ID: B948 Date of Disbursement 08 / 28 / 2003
Mailing Address 847 Airport Road		Amount of Each Disbursement this Period 84.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monterey	State CA Zip Code 95814	
Purpose of Disbursement Rent Storage	Candidate Name Category/ Type 001	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) C. Airport Road Self-Storage Inc.		Transaction ID: B961 Date of Disbursement 08 / 29 / 2003
Mailing Address 847 Airport Road		Amount of Each Disbursement this Period 84.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monterey	State CA Zip Code 95814	
Purpose of Disbursement Rent Storage	Candidate Name Category/ Type 001	
Office Sought: House Senate President State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	252.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 26 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Andrews Printing & Stationery		Transaction ID: B95D Date of Disbursement 09 / 04 / 2003	
Mailing Address 1528 Del Monte Blvd.		Amount of Each Disbursement this Period 1119.23 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Seaside	State CA		Zip Code 93955
Purpose of Disbursement Printing			003 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: B95B Date of Disbursement 08 / 31 / 2003	
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 18.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (Inkind)	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement Fundraising Services			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Federal Express Corp.		Transaction ID: B923 Date of Disbursement 07 / 02 / 2003	
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 74.23 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Memphis	State TN		Zip Code 38101-1140
Purpose of Disbursement Shipping			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1205.98
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 27 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Federal Express Corp.		Transaction ID: B925 Date of Disbursement 07 / 08 / 2003	
Mailing Address P.O. Box 1140			
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 301.30
Purpose of Disbursement Shipping		Category/ Type 001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Federal Express Corp.		Transaction ID: B927 Date of Disbursement 07 / 15 / 2003	
Mailing Address P.O. Box 1140			
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 20.56
Purpose of Disbursement Shipping		Category/ Type 001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Federal Express Corp.		Transaction ID: B929 Date of Disbursement 07 / 22 / 2003	
Mailing Address P.O. Box 1140			
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 34.13
Purpose of Disbursement Shipping		Category/ Type 001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	355.99
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Federal Express Corp.		Transaction ID: B936 Date of Disbursement 07 / 29 / 2003	
Mailing Address P.O. Box 1140			
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 45.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Shipping		010 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Federal Express Corp.		Transaction ID: B936 Date of Disbursement 08 / 06 / 2003	
Mailing Address P.O. Box 1140			
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 11.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Shipping		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Federal Express Corp.		Transaction ID: B949 Date of Disbursement 09 / 02 / 2003	
Mailing Address P.O. Box 1140			
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 12.16 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Shipping		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	69.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Federal Express Corp.		Transaction ID: B957 Date of Disbursement 09 / 16 / 2003	
Mailing Address P.O. Box 1140			
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 18.63 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Shipping		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Federal Express Corp.		Transaction ID: B959 Date of Disbursement 09 / 30 / 2003	
Mailing Address P.O. Box 1140			
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 77.75 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Shipping		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary J. Grace		Transaction ID: B952 Date of Disbursement 09 / 08 / 2003	
Mailing Address 1071 Roosevelt Street			
City Monterey	State CA	Zip Code 93940	Amount of Each Disbursement this Period 37.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	133.38
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 30 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Kieloch Consulting, Inc.		Transaction ID: B934 Date of Disbursement 07 / 25 / 2003	
Mailing Address 301 4th Street, NE, Suite 200		Amount of Each Disbursement this Period 2008.85	
City Washington	State DC	Zip Code 20002	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fundraising Consulting		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kieloch Consulting, Inc.		Transaction ID: B946 Date of Disbursement 08 / 26 / 2003	
Mailing Address 301 4th Street, NE, Suite 200		Amount of Each Disbursement this Period 2008.85	
City Washington	State DC	Zip Code 20002	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fundraising Consulting		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kieloch Consulting, Inc.		Transaction ID: B962 Date of Disbursement 09 / 29 / 2003	
Mailing Address 301 4th Street, NE, Suite 200		Amount of Each Disbursement this Period 2500.00	
City Washington	State DC	Zip Code 20002	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fundraising Consulting		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	6517.70
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 31 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Olson, Hagel & Fishburn, LLP		Transaction ID: B92B Date of Disbursement 07 / 15 / 2003	
Mailing Address 555 Capitol Mall, Suite 1425			
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 2189.54 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Legal & Reporting Services		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Olson, Hagel & Fishburn, LLP		Transaction ID: B942 Date of Disbursement 08 / 15 / 2003	
Mailing Address 555 Capitol Mall, Suite 1425			
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 2395.35 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Legal & Reporting Services		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Olson, Hagel & Fishburn, LLP		Transaction ID: B956 Date of Disbursement 09 / 15 / 2003	
Mailing Address 555 Capitol Mall, Suite 1425			
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 1528.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Legal & Reporting Services		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	6112.89
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 32 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Olson, Hagel & Fishburn, LLP		Transaction ID: B96B Date of Disbursement 09 / 29 / 2003	
Mailing Address 555 Capitol Mall, Suite 1425		Amount of Each Disbursement this Period 4801.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Sacramento	State CA		Zip Code 95814
Purpose of Disbursement Legal & Reporting Services			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Red Shift Internet Services		Transaction ID: B92B Date of Disbursement 07 / 15 / 2003	
Mailing Address 712 Hawthorne Street, Department C		Amount of Each Disbursement this Period 51.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Monterey	State CA		Zip Code 93940-1102
Purpose of Disbursement Internet			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Red Shift Internet Services		Transaction ID: B939 Date of Disbursement 08 / 11 / 2003	
Mailing Address 712 Hawthorne Street, Department C		Amount of Each Disbursement this Period 51.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Monterey	State CA		Zip Code 93940-1102
Purpose of Disbursement Internet			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	4905.20
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
 Friends of Farr

Full Name (Last, First, Middle Initial) A. Red Shift Internet Services		Transaction ID: B953 Date of Disbursement 09 / 08 / 2003
Mailing Address 712 Hawthorne Street, Department C		Amount of Each Disbursement this Period 51.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monterey	State CA Zip Code 95940-1102	
Purpose of Disbursement Internet	Candidate Name	
Office Sought: House Senate President		
State: District		

Full Name (Last, First, Middle Initial) B. SBC		Transaction ID: B935 Date of Disbursement 07 / 29 / 2003
Mailing Address Payment Center		Amount of Each Disbursement this Period 41.63 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento	State CA Zip Code 95887	
Purpose of Disbursement Phone	Candidate Name	
Office Sought: House Senate President		
State: District		

Full Name (Last, First, Middle Initial) C. SBC		Transaction ID: B951 Date of Disbursement 09 / 04 / 2003
Mailing Address Payment Center		Amount of Each Disbursement this Period 41.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento	State CA Zip Code 95887	
Purpose of Disbursement Phone	Candidate Name	
Office Sought: House Senate President		
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	135.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 34 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. SBC		Transaction ID: B965 Date of Disbursement 09 / 29 / 2003	
Mailing Address Payment Center			
City Sacramento	State CA	Zip Code 95887	Amount of Each Disbursement this Period 49.52
Purpose of Disbursement Phone		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Maggie Springer		Transaction ID: B966 Date of Disbursement 09 / 29 / 2003	
Mailing Address 436 New Jersey Avenue, SE			
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Fundraising Rental		003 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. State Compensation Insurance Fund		Transaction ID: B947 Date of Disbursement 08 / 26 / 2003	
Mailing Address P.O. Box 7854			
City San Francisco	State CA	Zip Code 94120-7854	Amount of Each Disbursement this Period 25.18
Purpose of Disbursement Insurance Service		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	318.70
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 35 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Tempel's of Camel Florist		Transaction ID: B941 Date of Disbursement 08 / 12 / 2003	
Mailing Address 3604 The Barnyard		Amount of Each Disbursement this Period 129.24	
City Camel	State CA	Zip Code 93923-8731	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Flowers for Constituents		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Tempel's of Camel Florist		Transaction ID: B954 Date of Disbursement 08 / 08 / 2003	
Mailing Address 3604 The Barnyard		Amount of Each Disbursement this Period 76.24	
City Camel	State CA	Zip Code 93923-8731	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Flowers for Constituents		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. US Bank		Transaction ID: B932 Date of Disbursement 07 / 02 / 2003	
Mailing Address P.O. Box 780429		Amount of Each Disbursement this Period 25.00	
City St. Louis	State MO	Zip Code 63179-0429	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Bank Fee		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	232.48
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 36 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. US Bank		Transaction ID: B933 Date of Disbursement 07 / 03 / 2003	
Mailing Address P.O. Box 790429			
City St. Louis	State MO	Zip Code 63179-0429	Amount of Each Disbursement this Period 20.47
Purpose of Disbursement Bank Fee		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. US Bank		Transaction ID: B943 Date of Disbursement 08 / 01 / 2003	
Mailing Address P.O. Box 790429			
City St. Louis	State MO	Zip Code 63179-0429	Amount of Each Disbursement this Period 38.37
Purpose of Disbursement Bank Fee		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. US Bank		Transaction ID: B955 Date of Disbursement 08 / 05 / 2003	
Mailing Address P.O. Box 790429			
City St. Louis	State MO	Zip Code 63179-0429	Amount of Each Disbursement this Period 20.47
Purpose of Disbursement Bank Fee		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	79.31
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. US Bank		Transaction ID: B976 Date of Disbursement 09 / 02 / 2003
Mailing Address P.O. Box 790429		Amount of Each Disbursement this Period 25.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis	State MO	
Zip Code 63179-0429		
Purpose of Disbursement Bank Fee	001 Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. US Bank		Transaction ID: B977 Date of Disbursement 09 / 05 / 2003
Mailing Address P.O. Box 790429		Amount of Each Disbursement this Period 20.47 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis	State MO	
Zip Code 63179-0429		
Purpose of Disbursement Bank Fee	001 Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. U.S. Bank (C)		Transaction ID: B931 Date of Disbursement 07 / 22 / 2003
Mailing Address P.O. Box 6309		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fargo	State ND	
Zip Code 58125-8309		
Purpose of Disbursement Fundraising Catering	001 Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	1045.47
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Haute on the Hill		Transaction ID: S43 Date of Disbursement 07 / 22 / 2003	
Mailing Address P.O. Box 123		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Middleburg	State VA		Zip Code 20118
Purpose of Disbursement Fundraiser Catering			003 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. U.S. Bank (C)		Transaction ID: B945 Date of Disbursement 08 / 21 / 2003	
Mailing Address P.O. Box 6309		Amount of Each Disbursement this Period 0.68 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Fargo	State ND		Zip Code 58125-6309
Purpose of Disbursement Bank Fee			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. U.S. Bank (C)		Transaction ID: B959 Date of Disbursement 09 / 24 / 2003	
Mailing Address P.O. Box 6309		Amount of Each Disbursement this Period 472.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Fargo	State ND		Zip Code 58125-6309
Purpose of Disbursement Meals with Constituents			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	482.63
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Farr

Full Name (Last, First, Middle Initial) A. Jeffrey's		Transaction ID: S41 Date of Disbursement 09 / 24 / 2003	
Mailing Address 112 Mid-Valley Center		Amount of Each Disbursement this Period 472.95	
City Carmel	State CA	Zip Code 93923	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Meals with Constituents		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. U.S. Bank (C)		Transaction ID: B96D Date of Disbursement 09 / 24 / 2003	
Mailing Address P.O. Box 6309		Amount of Each Disbursement this Period 500.00	
City Fargo	State ND	Zip Code 58125-6300	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Fundraiser Deposit		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Pacific Repertory Theatre		Transaction ID: S42 Date of Disbursement 09 / 24 / 2003	
Mailing Address P.O. Box 222035		Amount of Each Disbursement this Period 500.00	
City Carmel	State CA	Zip Code 93920	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Fundraiser Deposit		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Farr

Full Name (Last, First, Middle Initial)
 A. World Cuisine

Transaction ID: B967
 Date of Disbursement
 09 / 29 / 2003

Mailing Address 301 4th Street, NE, #202

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period
 650.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Purpose of Disbursement
 Fundraising Catering

003
 Category/
 Type

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

SUBTOTAL of Disbursements This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	22995.73

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
 Friends of Farr

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: B97D Date of Disbursement 09 / 30 / 2003	
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 5000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement Unlimited Transfer to Nat'l Party Comm.			011 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Salinas Police Officers Association		Transaction ID: B972 Date of Disbursement 09 / 29 / 2003	
Mailing Address P.O. Box 3204		Amount of Each Disbursement this Period 450.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Salinas	State CA		Zip Code 03012-3204
Purpose of Disbursement Civic Donation			012 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	5450.00
TOTAL This Period (last page this line number only)	▶	5450.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / 43
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Farr

Transaction ID: C1

LOAN SOURCE Full Name (Last, First, Middle Initial) Democratic Women's Club	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 104 Adobe Street	
City Santa Cruz State CA ZIP Code 95060	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	0.00	250.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 th 25 th 1998	19990825	0.00 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	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 (FEC Form 3)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 9
 10

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Friends of Farr

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NGP Software, Inc.		Nature of Debt (Purpose): Computer Maintenance	
Mailing Address 5039 Connecticut Ave., NW, Ste. 1A			
City State ZIP Code Washington DC 20008-2056			
Outstanding Balance Beginning This Period 0.00		Transaction ID: D13	
Amount Incurred This Period 1350.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1350.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank (C)		Nature of Debt (Purpose): Travel and Expenses	
Mailing Address P.O. Box 6309			
City State ZIP Code Fargo ND 58125-6309			

Outstanding Balance Beginning This Period 1000.00		Transaction ID: D12	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)	▶	1350.00
2) TOTALS This Period (last page this line number only)	▶	1350.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	