

**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 (N) OR AMENDED (A)

NEW (N)

OR

X

AMENDED (A)

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:

X Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

03

02

2004

In the State of

CA

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2004

through

02

11

2004

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 03 18 2004

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 03/2003)

**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: V M D D Y Y Y Y  
0 1 0 1 2 0 0 4 0 2 1 1 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	30885.00	246813.06
(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)).....	30885.00	246813.06
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	40785.01	189414.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2981.11
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40785.01	186433.49
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	105735.40	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	250.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	2650.63	

**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

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Friends of Farr

Report Covering the Period: From: M M D J Y ' ' ' ' 0 1 0 1 2 0 0 4

To: V V U J Y Y ' ' ' ' 0 2 1 1 2 0 0 4

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	26250.00	
(i) Itemized (use Schedule A).....	4385.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions	30635.00	116378.90
from individuals..... ▶		
(b) Political Party Committees.....	0.00	284.16
(c) Other Political Committees (such as PACS).....	250.00	130250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	30885.00	246913.06
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.).....	0.00	2981.11
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2.50	25.21
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	30887.50	249919.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	40785.01	189414.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) 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
<hr/>		
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
<hr/>		
21. OTHER DISBURSEMENTS.....	2280.00	14518.00
<hr/>		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	<b>43065.01</b>	<b>204032.60</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	117912.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	30987.50
25. SUBTOTAL (add Line 23 and Line 24).....	148900.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43065.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	105735.40

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

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

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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) <b>A. Gabriele Adelman</b>		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 1385 Meadowridge Road		Transaction ID: A3313
City Coralitos	State CA	Zip Code 95076-0356
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Gabriele Adelman</b>		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 1385 Meadowridge Road		Transaction ID: A3314
City Coralitos	State CA	Zip Code 95076-0356
FEC ID number of contributing federal political committee. <b>C</b>		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Steven J. Baker</b>		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 204 Crocker Avenue		Transaction ID: A3324
City Pacific Grove	State CA	Zip Code 93950
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Monterey Institute of Int- l Studies	Occupation Administrator	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) .....	▶	<b>2500.00</b>
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 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) <b>A. Jack Baskin</b>		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 2-2810 E Cliff Dr.		Transaction ID: A3317
City Santa Cruz	State CA	Zip Code 95062
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>B. David J. Benjamin, III</b>		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 8 Los Robles Drive		Transaction ID: A3315
City Carmel Valley	State CA	Zip Code 93924
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Triad Broudsty	Occupation Executive	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>C. Donald G. Bergam</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 201 Rio Verde Drive		Transaction ID: A3334
City Salinas	State CA	Zip Code 93901
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Coastal Seeds	Occupation Plant Breeder	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) .....	▶	<b>2300.00</b>
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 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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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 01 / 19 / 2004
Mailing Address P.O. Box 389		Transaction ID: A3278
City Pebble Beach	State CA	Zip Code 93953
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Peter E. Blackstock		Date of Receipt M / D / Y 01 / 19 / 2004
Mailing Address P.O. Box 389		Transaction ID: A3279
City Pebble Beach	State CA	Zip Code 93953
FEC ID number of contributing federal political committee. <b>C</b>		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 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Rose Mela Bourlonnet		Date of Receipt M / D / Y 01 / 23 / 2004
Mailing Address 85 Paseo Hermoso		Transaction ID: A3273
City Salinas	State CA	Zip Code 93908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>4000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) A. Peter Hoyt Brown		Date of Receipt M / D / Y 01 / 10 / 2004
Mailing Address #10 Waverly Court		Transaction ID: A3280
City Houston	State TX	Zip Code 77005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Peter Brown, Architect	Occupation Architect	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. Nancy Burnett		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 490 Grove Acre		Transaction ID: A3310
City Pacific Grove	State CA	Zip Code 93950
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Nancy Burnett, Biologist	Occupation Biologist	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) C. Branda H. Chinn		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 221 Corral Ave.		Transaction ID: A3327
City Sunnyvale	State CA	Zip Code 94088
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Chinn Ranch	Occupation Rancher	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) .....	▶	<b>3000.00</b>
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 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) <b>A. Ann Confer</b>		Date of Receipt M / D / Y 01 / 29 / 2004
Mailing Address 10505 Highway 9		Transaction ID: A3271
City	State	Zip Code
Ben Lomond	CA	95005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Southern Exposure Bistro, Inc. Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Chief Executive Officer Election Cycle-to-Date ▼ 500.00	Catering Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) (Inkind)

Full Name (Last, First, Middle Initial) <b>B. Carolina Crawford</b>		Date of Receipt M / D / Y 01 / 23 / 2004
Mailing Address 87 - 7th Avenue		Transaction ID: A3400
City	State	Zip Code
San Francisco	CA	94118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of California, Berkeley Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Historian Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) <b>C. Thomas Crawford</b>		Date of Receipt M / D / Y 01 / 23 / 2004
Mailing Address 87-Seventh Avenue		Transaction ID: A3272
City	State	Zip Code
San Francisco	CA	94118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 / 32  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) <b>A. William G. Doolittle</b>			Date of Receipt M / D / Y 02 / 05 / 2004		
Mailing Address P.O. Box 5486			Transaction ID: A3385		
City	State	Zip Code	Amount of Each Receipt this Period		
Carmel	CA	93821	250.00		
FEC ID number of contributing federal political committee. <b>C</b>			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		
Name of Employer W.G. Doolittle Investment Counselor		Occupation Investment Advisor			
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>B. Lovel I. Figen</b>			Date of Receipt M / D / Y 02 / 03 / 2004		
Mailing Address P.O. Box 1827			Transaction ID: A3381		
City	State	Zip Code	Amount of Each Receipt this Period		
Monterey	CA	93942	500.00		
FEC ID number of contributing federal political committee. <b>C</b>			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		
Name of Employer Lovel Figen, Investor		Occupation Investor			
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>C. Thomas A. Grey</b>			Date of Receipt M / D / Y 01 / 29 / 2004		
Mailing Address 33900 Robinson Canyon Road			Transaction ID: A3321		
City	State	Zip Code	Amount of Each Receipt this Period		
Carmel	CA	93823	500.00		
FEC ID number of contributing federal political committee. <b>C</b>			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		
Name of Employer Tigre Group Inc.		Occupation Executive			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼	1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
	12		13a		13b		14		

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) A. F. Karl Gregorius, M.D.		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 235D Pheasant Run Circle		Transaction ID: A3345
City Stockton	State CA	Zip Code 95207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer F. Karl Gregorius, M.D.	Occupation Physician	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. Sam Haskins		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 171B Bryant Street		Transaction ID: A3320
City San Francisco	State CA	Zip Code 94110-9394
FEC ID number of contributing federal political committee. <b>C</b>		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. Jeff Horowitz		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 138 The Uplands		Transaction ID: A3282
City Berkeley	State CA	Zip Code 94705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Jeff Horowitz, Architect	Occupation Architect	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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) A. Lynn K. Horowitz		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 138 The Uplands		Transaction ID: A3401
City Berkeley	State CA	Zip Code 94705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Lynn K. Horowitz, Author	Occupation Author	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. Lise V. Jansen		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 274D 16th Avenue		Transaction ID: A3328
City Carmel	State CA	Zip Code 93923
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Anne F. Levin		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 28 Hollings Drive		Transaction ID: A3346
City Santa Cruz	State CA	Zip Code 95060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Palco Labs	Occupation Co-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	

SUBTOTAL of Receipts This Page (optional) .....	<b>2000.00</b>
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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) <b>A. Marjorie P. Love</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 2442 17th Avenue		Transaction ID: A3347
City Carmel	State CA	Zip Code 93823
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Christina M. Lund</b>		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 986 Syida Drive		Transaction ID: A3325
City Pacific Grove	State CA	Zip Code 93950
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Diane McKenna</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1409 Galloway Court		Transaction ID: A3358
City Sunnyvale	State CA	Zip Code 94087
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The McKenna Group	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> 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 14 / 32

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
	12		13a		13b		14		

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) <b>A. Regis McKenna</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1408 Galloway Court		Transaction ID: A3359
City Sunnyvale	State CA	Zip Code 94087
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The McKenna Group	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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Katherine P. Minott</b>		Date of Receipt M / D / Y 01 / 29 / 2004
Mailing Address 745 Oak Hill Road		Transaction ID: A3322
City Aptos	State CA	Zip Code 95003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1750.00
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 ▼ 2250.00	

Full Name (Last, First, Middle Initial) <b>C. Katherine P. Minott</b>		Date of Receipt M / D / Y 01 / 29 / 2004
Mailing Address 745 Oak Hill Road		Transaction ID: A3323
City Aptos	State CA	Zip Code 95003
FEC ID number of contributing federal political committee. <b>C</b>		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3000.00</b>
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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) <b>A. Sheila Farr Nielsen</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 543 Montford Avenue		Transaction ID: A3355
City Mill Valley	State CA	Zip Code 94041
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>B. Nicholas Niven, MD</b>		Date of Receipt M / D / Y 02 / 03 / 2004
Mailing Address 1595 Soquel Dr.		Transaction ID: A3333
City Santa Cruz	State CA	Zip Code 95065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Nicholas Niven, Physician	Occupation Physician	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>C. Kristie K. Reimer</b>		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 146 19th Street		Transaction ID: A3268
City Pacific Grove	State CA	Zip Code 93950
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer LFR Reimer	Occupation Planner	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> 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 / 32

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
	12		13a		13b		14		

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NAME OF COMMITTEE (In Full)  
Friends of Farr

Full Name (Last, First, Middle Initial) <b>A. Roger H. Salquist</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 44441 Clubhouse Drive		Transaction ID: A3352
City El Macero	State CA	Zip Code 95618
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>B. Barney Scollan</b>		Date of Receipt M / D / Y 02 / 08 / 2004
Mailing Address P.O. Box 5806		Transaction ID: A3339
City Carmel	State CA	Zip Code 93921
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Carmel Bay Co.	Occupation Retail Store 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Jim Wamer</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 215 Trescony Street		Transaction ID: A3353
City Santa Cruz	State CA	Zip Code 95060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer University California, Santa Cruz	Occupation Staff Member	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) .....	▶	<b>1350.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>26250.00</b>



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

Use separate schedule(s)  
 or each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
 Friends of Farr

Full Name (Last, First, Middle Initial) A. Democratic Women's Club of Santa Cruz County		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address P.O. Box 1901		Transaction ID: A3798
City Capitola	State CA	Zip Code 95010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) Federally Permissible Funds
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

**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)

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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. Airport Road Self-Storage Inc.

Mailing Address 847 Airport Road

City Monterey State CA Zip Code 95814

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1095  
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

84.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
B. AT&T Wireless

Mailing Address P.O. Box 78224

City Phoenix State AZ Zip Code 85062-8224

Purpose of Disbursement  
Phone

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1096  
Date of Disbursement

01 / 08 / 2004

Amount of Each Disbursement this Period

61.95

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
C. AT&T Wireless

Mailing Address P.O. Box 78224

City Phoenix State AZ Zip Code 85062-8224

Purpose of Disbursement  
Phone

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1099  
Date of Disbursement

02 / 05 / 2004

Amount of Each Disbursement this Period

62.95

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

208.90

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. Automated Mailing Services dba Edward Anderson**

Mailing Address 220 De La Vina Street

City Monterey State CA Zip Code 93940

Purpose of Disbursement Fundraising Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: B1086  
 Date of Disbursement 02 / 05 / 2004

Amount of Each Disbursement this Period 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. US Postmaster**

Mailing Address 565 Hartnell St.

City Monterey State CA Zip Code 93940-0008

Purpose of Disbursement Fundraising Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: S50  
 Date of Disbursement 02 / 05 / 2004

Amount of Each Disbursement this Period 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. Ann Confer**

Mailing Address 10505 Highway 9

City Ben Lomond State CA Zip Code 95005

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 X Primary General Other (specify) ▼

Category/Type

Transaction ID: B1088  
 Date of Disbursement 01 / 29 / 2004

Amount of Each Disbursement this Period 500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

(Inkind)

**SUBTOTAL of Disbursements This Page (optional) 1500.00**

**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

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 (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. Federal Express Corp.**

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement Shipping  
 Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Transaction ID: B1064  
 Date of Disbursement  
 01 / 08 / 2004

Amount of Each Disbursement this Period  
 16.38

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. Federal Express Corp.**

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement Shipping  
 Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Transaction ID: B1078  
 Date of Disbursement  
 01 / 20 / 2004

Amount of Each Disbursement this Period  
 102.61

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**C. Federal Express Corp.**

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement Shipping  
 Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Transaction ID: B1097  
 Date of Disbursement  
 02 / 02 / 2004

Amount of Each Disbursement this Period  
 111.97

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ **230.96**

**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. Federal Express Corp.

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B11D2

Date of Disbursement

02 / 09 / 2004

Amount of Each Disbursement this Period

35.79

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Plasha Fielding

Mailing Address P.O. Box 221681

City Carmel State CA Zip Code 93922

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1077

Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

1807.48

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Plasha Fielding

Mailing Address P.O. Box 221681

City Carmel State CA Zip Code 93922

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1094

Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

1807.48

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3650.75

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 22 / 32

<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. John Franzen dba Franzen & Company Strategic Communicat-  
ions  
Mailing Address 610 C Street, Northeast  
  
City Washington State DC Zip Code 20002  
Purpose of Disbursement Media Consulting  
Candidate Name  
  
Office Sought: House Senate President  
State: District  
Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: B11D4  
Date of Disbursement  
02 / 11 / 2004  
  
Amount of Each Disbursement this Period  
2000.00  
  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
B. John Franzen dba Franzen & Company Strategic Communicat-  
ions  
Mailing Address 610 C Street, Northeast  
  
City Washington State DC Zip Code 20002  
Purpose of Disbursement Broadcast Media  
Candidate Name  
  
Office Sought: House Senate President  
State: District  
Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: B11D5  
Date of Disbursement  
02 / 11 / 2004  
  
Amount of Each Disbursement this Period  
22460.40  
  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
C. Kieloch Consulting, Inc.  
Mailing Address 301 4th Street, NE, Suite 200  
  
City Washington State DC Zip Code 20002  
Purpose of Disbursement Fundraising Consulting  
Candidate Name  
  
Office Sought: House Senate President  
State: District  
Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: B1090  
Date of Disbursement  
01 / 28 / 2004  
  
Amount of Each Disbursement this Period  
2500.00  
  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ **26960.40**  
**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. KRKC AM

Mailing Address 1134 San Antonio Drive

City State Zip Code  
King City CA 93930

Purpose of Disbursement  
Advertising

Candidate Name

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

State: District

004  
Category/  
Type

Transaction ID: B1071

Date of Disbursement

01 / 14 / 2004

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Dominic Lazzarino

Mailing Address P.O. Box 221681

City State Zip Code  
Carmel CA 93922-1681

Purpose of Disbursement  
Rent

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: B1082

Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Dominic Lazzarino

Mailing Address P.O. Box 221681

City State Zip Code  
Carmel CA 93922-1681

Purpose of Disbursement  
Rent

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: B1091

Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

700.00

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. Olson, Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

Candidate Name

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

001  
Category/  
Type

Transaction ID: B1073  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

4092.07

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
B. Red Shift Internet Services

Mailing Address 712 Hawthorne Street, Department C

City Monterey State CA Zip Code 93940-1102

Purpose of Disbursement  
Internet

Candidate Name

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

001  
Category/  
Type

Transaction ID: B1085  
Date of Disbursement

01 / 08 / 2004

Amount of Each Disbursement this Period

28.90

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
C. Red Shift Internet Services

Mailing Address 712 Hawthorne Street, Department C

City Monterey State CA Zip Code 93940-1102

Purpose of Disbursement  
Internet

Candidate Name

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

001  
Category/  
Type

Transaction ID: B1103  
Date of Disbursement

02 / 09 / 2004

Amount of Each Disbursement this Period

28.90

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4151.87

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. River City Business Service

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1075  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

49.50

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
B. River City Business Service

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1076  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

1038.77

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
C. River City Business Service

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1092  
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

34.50

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1122.77

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. River City Business Service

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1083  
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

1038.77

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
B. SBC

Mailing Address Payment Center

City Sacramento State CA Zip Code 95887

Purpose of Disbursement  
Phone

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1085  
Date of Disbursement

01 / 10 / 2004

Amount of Each Disbursement this Period

167.46

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
C. SBC

Mailing Address Payment Center

City Sacramento State CA Zip Code 95887

Purpose of Disbursement  
Phone

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1089  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

190.15

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1396.38

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)

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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. State Compensation Insurance Fund

Mailing Address P.O. Box 7854

City San Francisco State CA Zip Code 94120-7854

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1096  
Date of Disbursement  
02 / 02 / 2004

Amount of Each Disbursement this Period

134.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
B. US Bank

Mailing Address P.O. Box 780429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1100  
Date of Disbursement  
01 / 02 / 2004

Amount of Each Disbursement this Period

169.02

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
C. US Bank

Mailing Address P.O. Box 780429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: B1101  
Date of Disbursement  
01 / 07 / 2004

Amount of Each Disbursement this Period

20.47

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

317.49

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. U.S. Bank**

Mailing Address P.O. Box 6309

City Fargo State ND Zip Code 58125-6309

Purpose of Disbursement  
 Travel Expenses

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 002

Transaction ID: B10B4  
 Date of Disbursement  
 01 / 26 / 2004

Amount of Each Disbursement this Period  
 148.28

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. U.S. Bank**

Mailing Address P.O. Box 6309

City Fargo State ND Zip Code 58125-6309

Purpose of Disbursement  
 Fundraising Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: B10B5  
 Date of Disbursement  
 01 / 26 / 2004

Amount of Each Disbursement this Period  
 261.75

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**C. US Postmaster**

Mailing Address 585 Hartnell St.

City Monterey State CA Zip Code 93940-0998

Purpose of Disbursement  
 Fundraising Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: S49  
 Date of Disbursement  
 01 / 26 / 2004

Amount of Each Disbursement this Period  
 261.75

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL of Disbursements This Page (optional) 410.03**

**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 / 32

<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. U.S. Bank

Mailing Address P.O. Box 6309

City Fargo State ND Zip Code 58125-6309

Purpose of Disbursement  
 Office Supplies

Candidate Name

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

State: District

001  
 Category/  
 Type

Transaction ID: B10B6

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

112.15

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address P.O. Box 6309

City Fargo State ND Zip Code 58125-6309

Purpose of Disbursement  
 Meals with Constituents

Candidate Name

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

State: District

001  
 Category/  
 Type

Transaction ID: B10B7

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

23.31

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

135.46

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

40785.01

**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 / 32

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

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NAME OF COMMITTEE (In Full)  
 Friends of Farr

Full Name (Last, First, Middle Initial)  
**A. Democratic Central Committee of Santa Cruz County**

Mailing Address 215 Trescony Street

City Santa Cruz State CA Zip Code 95060

Purpose of Disbursement  
 Contribution to Non-Federal Committee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: B1072  
 Date of Disbursement  
 01 / 14 / 2004

Amount of Each Disbursement this Period  
 780.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. Measure Q - Yes for Health Care**

Mailing Address P.O. Box 1879

City Salinas State CA Zip Code 93902

Purpose of Disbursement  
 Contribution to Non-Federal Committee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: B1089  
 Date of Disbursement  
 01 / 10 / 2004

Amount of Each Disbursement this Period  
 1500.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....	▶	2280.00
TOTAL This Period (last page this line number only) .....	▶	2280.00

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 31 / 32
	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

<b>LOAN SOURCE</b> 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 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	08 <sup>th</sup> 25 <sup>th</sup> 1998	19990825	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>250.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	▶	<b>250.00</b>
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 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

Friends of Farr

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

FOR LINE NUMBER:  
(check only one)

9  
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Andrews Printing & Stationary

Nature of Debt (Purpose):  
Printing

Mailing Address 1526 Del Monte Blvd.

City	State	ZIP Code
Seaside	CA	93955

Outstanding Balance Beginning This Period

Transaction ID: D8

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

2650.63

0.00

2650.63

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>2650.63</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>2650.63</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	