

# 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

CITY

STATE

ZIP CODE

STATE DISTRICT

C00290429

3. IS THIS REPORT

NEW (N)

OR

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:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06

08

2010

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

04

01

2010

through

05

19

2010

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

05

26

2010

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)

Write or Type Committee Name

Friends of Farr

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	1	0

	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(e)).....	32764.52	363372.63
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	152.18
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32764.52	363220.45
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	29555.79	255618.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	891.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29555.79	254727.69
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>138651.75</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>7518.63</b>	

**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 12/2003)

Write or Type Committee Name  
Friends of Farr

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	12102.52	100223.90
(i) Itemized (use Schedule A).....	2462.00	45014.07
(ii) Unitemized.....	14564.52	145237.97
(iii) TOTAL of contributions from individuals..... ▶	0.00	17.33
(b) Political Party Committees.....	18200.00	218117.33
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	32764.52	363372.63
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	891.02
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.13	22.80
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	32764.65	364286.45

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	29555.79	255618.71
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
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	152.18
(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	152.18
21. OTHER DISBURSEMENTS.....	3595.00	78490.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	33150.79	334260.89

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	139037.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	32764.65
25. SUBTOTAL (add Line 23 and Line 24).....	171802.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33150.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	138651.75

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<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

**A.**

Full Name (Last, First, Middle Initial)  
James Barton

Mailing Address P. O. Box 14004

City State Zip Code  
Norfolk CA 23518

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Underwater Ordinance Recovery

Occupation  
President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: INC.A.12362

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Brent F. Blackwelder

Mailing Address 3517 Rodman Street, NW

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Friends of the Earth, Inc.

Occupation  
President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: INC.A.12381

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Colleen Browne

Mailing Address 2507 North Vernon Street

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Democratic Judicial Campaign Committee

Occupation  
Executive Director

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: INC.A.12353

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

650.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.** Full Name (Last, First, Middle Initial)  
Melissa L. Burnett

Mailing Address P.O. Box 5715

City State Zip Code  
Carmel CA 93921

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Monterey History & Art As- Curator  
sociation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

**Transaction ID:** INC.A.12303

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy Cansler

Mailing Address 1738 Dana Street

City State Zip Code  
Crofton MD 21114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Meridian Growth Strategie- Founder  
s, LLC

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	0

**Transaction ID:** INC.A.12382

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Bill Carwile

Mailing Address 420 7th Street, NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
FEMA Associate Administrator

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

**Transaction ID:** INC.A.12345

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1450.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.** Full Name (Last, First, Middle Initial)  
Alejandro F. Centurion

Mailing Address 100 Clock Tower Place, Suite 225

City State Zip Code  
Carmel CA 93923

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Alejandro F. Centurion, Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** INC.A.12304

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Robert N. Colombo

Mailing Address 4826 Chevy Chase Blvd.

City State Zip Code  
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
05 / 11 / 2010

**Transaction ID:** INC.A.12342

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
James M. Copeland, Jr.

Mailing Address 3302 Kenney Court

City State Zip Code  
Edgewater MD 21037

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Copeland, Lowery, Jacquez & Denton Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
05 / 19 / 2010

**Transaction ID:** INC.A.12383

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.** Full Name (Last, First, Middle Initial)  
Katharine K. Farr

Mailing Address 5329 Potomac Avenue, NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 05 / 18 / 2010  
**Transaction ID:** INC.A.12355  
 Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Aubrey C. King

Mailing Address 11914 Grason Lane

City Bowie State MD Zip Code 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer Aubrey C. King & Associates Occupation Government Affairs Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 05 / 19 / 2010  
**Transaction ID:** INC.A.12386  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
A. Angela Lancaster

Mailing Address 17 West Kirke Street

City Chevy Chase State MD Zip Code 20815-4245

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2010  
**Transaction ID:** INC.A.12356  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3150.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.** Full Name (Last, First, Middle Initial)  
Judith K. Lemons  
Mailing Address 1351 F Street, NE  
City Washington State DC Zip Code 20002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Consultant  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 05 / 19 / 2010  
Transaction ID: INC.A.12387  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Deborah E. McFarland  
Mailing Address 241 Vista Verde  
City Carmel Valley State CA Zip Code 93924  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 04 / 12 / 2010  
Transaction ID: INC.A.12309  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Polly Osborne  
Mailing Address 2238 Kelton Avenue  
City Los Angeles State CA Zip Code 90064  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Osborne Architects Occupation Architect  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt 04 / 06 / 2010  
Transaction ID: INC.A.12281  
Amount of Each Receipt this Period 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Parrish

Mailing Address 3451 25th Court

City Arlington State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C**

Name of Employer Monsanto Occupation Director, Government Affairs

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2010  
**Transaction ID: INC.A.12361**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Bill Press

Mailing Address 217 8th Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Bill Press Partners LLC Occupation Broadcaster/Writer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2010  
**Transaction ID: INC.A.12391**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen B. Richer

Mailing Address P.O. Box 7156

City Gulfport State MS Zip Code 39506

FEC ID number of contributing federal political committee. **C**

Name of Employer National Tour Association Occupation Public Affairs Advocate

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 05 / 19 / 2010  
**Transaction ID: INC.A.12392**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) James W. Rock	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 517 C Street, NE	<b>Transaction ID:</b> INC.A.12393
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Parry, Romani, DeConcini & Symms Vice President Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Spencer	Date of Receipt MM / DD / YYYY 05 / 08 / 2010
	Mailing Address 52 Scenic Avenue	<b>Transaction ID:</b> INC.A.12338
	City State Zip Code Richmond CA 94801	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AgraTrade, Inc. Owner Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joanne M. Storkan	Date of Receipt MM / DD / YYYY 04 / 12 / 2010
	Mailing Address P.O. Box 1557	<b>Transaction ID:</b> INC.A.12313
	City State Zip Code Pebble Beach CA 93953	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired Retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.**

Full Name (Last, First, Middle Initial)  
Janet N. Swords

Mailing Address 26359 River Park Place

City State Zip Code  
Carmel CA 93923

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

**Transaction ID: INC.A.12314**

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Wisner

Mailing Address 3541 Las Flores

City State Zip Code  
Malibu CA 90205

FEC ID number of contributing federal political committee. **C**

Name of Employer Scs Inc. Occupation Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

**Transaction ID: INC.A.12297**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12100.00

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

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

FOR LINE NUMBER: PAGE 13 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.** Full Name (Last, First, Middle Initial)  
Agri-Mark Legislation & Education Committee  
Mailing Address P.O. Box 5800

City State Zip Code  
Lawrence MA 01842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 1 0  
**Transaction ID:** INC.A.12319  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Aircraft Owners and Pilots Association PAC (AOPA PAC)  
Mailing Address 421 Aviation Way

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 1 0  
**Transaction ID:** INC.A.12266  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Allianz of America Corporation/Fireman's Fund Political Action Committee  
Mailing Address 2350 Kerner Blvd., Suite 250

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0  
**Transaction ID:** INC.A.12352  
 Amount of Each Receipt this Period  
 700.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1950.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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

**A.** Full Name (Last, First, Middle Initial)  
ALPA - PAC Air Line Pilots Association PAC  
 Mailing Address 1625 Massachusetts Avenue, NW  
 City Washington State DC Zip Code 20036  
 Date of Receipt MM / DD / YYYY 04 / 30 / 2010  
**Transaction ID:** INC.A.12328  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

**B.** Full Name (Last, First, Middle Initial)  
American Association for Justice PAC (AAJ PAC)  
 Mailing Address 777 6th Street, NW, Suite 200  
 City Washington State DC Zip Code 20001  
 Date of Receipt MM / DD / YYYY 05 / 19 / 2010  
**Transaction ID:** INC.A.12379  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 7000.00

**C.** Full Name (Last, First, Middle Initial)  
American Federation of State, County & Municipal Employees AFL-CIO PEOPLE  
 Mailing Address 1625 L Street, NW  
 City Washington State DC Zip Code 20036  
 Date of Receipt MM / DD / YYYY 04 / 07 / 2010  
**Transaction ID:** INC.A.12292  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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

**A.** Full Name (Last, First, Middle Initial)  
American Hotel & Lodging Assn. PAC - Hotel PAC  
 Mailing Address 1201 New York Ave., NW, Suite 600  
 City State Zip Code  
 Washington DC 20005  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0  
**Transaction ID:** INC.A.12354  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
DRIVE Committee  
 Mailing Address 25 Louisiana Avenue, NW  
 City State Zip Code  
 Washington DC 20001  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 3 / 2 0 1 0  
**Transaction ID:** INC.A.12329  
 Amount of Each Receipt this Period  
 2500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Granite Construction Employee PAC-GRANITEPAC  
 Mailing Address 555 Capitol Mall, Suite 1425  
 City State Zip Code  
 Sacramento CA 95814  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 1 0  
**Transaction ID:** INC.A.12322  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.** Full Name (Last, First, Middle Initial)  
Great Lakes Sugar Beet Growers PAC

Mailing Address 2600 South Euclid Avenue

City State Zip Code  
Bay City MI 48706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 1 0

**Transaction ID:** INC.A.12320

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P.O. Box 33106

City State Zip Code  
Washington DC 20033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 1 0

**Transaction ID:** INC.A.12385

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
National Farmers Union PAC

Mailing Address 400 North Capitol Street, Northwes

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 1 0

**Transaction ID:** INC.A.12389

Amount of Each Receipt this Period  
 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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

**A.** Full Name (Last, First, Middle Initial)  
Ocean Champions PAC - Federal

Mailing Address 202 San Jose Avenue

City State Zip Code  
Capitola CA 95010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 1 0

**Transaction ID:** INC.A.12388

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Realtors Political Action Committee (RPAC)

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 2 / 2 0 1 0

**Transaction ID:** INC.A.12312

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
SAFPAC - Society of American Florists PAC

Mailing Address 1601 Duke Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 5 / 2 0 1 0

**Transaction ID:** INC.A.12280

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.

Full Name (Last, First, Middle Initial)  
United Fresh Produce Association Fresh PAC - FRESH PAC

Mailing Address 1901 Pennsylvania Avenue, NW, #110

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2010

Transaction ID: INC.A.12357

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18200.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 45  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.

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

Mailing Address 621 Capitol Mall, Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
913.40

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: INC:A:12335

Amount of Each Receipt this Period  
0.13

Interest Earned

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	0.13

# 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 20 / 45

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) ClickandPledge.com  Mailing Address 2200 Kraft Drive, Suite 1175  City Blacksburg State VA Zip Code 24060  Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12332 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0  Amount of Each Disbursement this Period 67.43  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) Edward Anderson dba Automated Mailing Services  Mailing Address P.O. Box 1906  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Mail Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12318 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 0  Amount of Each Disbursement this Period 1153.77  Category/Type 003
<b>C.</b>	Full Name (Last, First, Middle Initial) Federal Express Corp.  Mailing Address P.O. Box 7221  City Pasadena State CA Zip Code 91109  Purpose of Disbursement Shipping Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12300 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0  Amount of Each Disbursement this Period 97.10  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1318.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy Street, SE  City Washington State DC Zip Code 20003 Purpose of Disbursement Membership Dues Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12326 Date of Disbursement 05 / 03 / 2010  Amount of Each Disbursement this Period 40.00  Category/Type 001
B.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy Street, SE  City Washington State DC Zip Code 20003 Purpose of Disbursement Meals with Constituents Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12327 Date of Disbursement 05 / 03 / 2010  Amount of Each Disbursement this Period 105.50  Category/Type 001
C.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy Street, SE  City Washington State DC Zip Code 20003 Purpose of Disbursement Meals with Constituents Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12351 Date of Disbursement 05 / 18 / 2010  Amount of Each Disbursement this Period 156.00  Category/Type 001

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

**301.50**

**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 / 45

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Membership Dues Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12350 Date of Disbursement 05 / 18 / 2010  Amount of Each Disbursement this Period 40.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12298 Date of Disbursement 04 / 15 / 2010  Amount of Each Disbursement this Period 2020.87  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12339 Date of Disbursement 05 / 14 / 2010  Amount of Each Disbursement this Period 2882.99  001 Category/ Type

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

4943.86

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.

Full Name (Last, First, Middle Initial)  
The Frost Group, LLC

Transaction ID: EXP.B.12275  
Date of Disbursement

Mailing Address 3422 Porter Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

City Washington State DC Zip Code 20016

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising Consulting

003
Category/ Type

3500.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
The Frost Group, LLC

Transaction ID: EXP.B.12324  
Date of Disbursement

Mailing Address 3422 Porter Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

City Washington State DC Zip Code 20016

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising Consulting

003
Category/ Type

3500.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

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

Transaction ID: EXP.B.12258  
Date of Disbursement

Mailing Address 621 Capitol Mall, Suite 800

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

Purpose of Disbursement  
Storage Rental

001
Category/ Type

92.00
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

7092.00
---------

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

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### 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.** Full Name (Last, First, Middle Initial)  
Airport Road Self-Storage, Inc.

Mailing Address 847 Airport Road

City Monterey State CA Zip Code 95814

Purpose of Disbursement Storage Rental

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: PDT.B.43  
Date of Disbursement 04 / 01 / 2010

Amount of Each Disbursement this Period 92.00

001 Category/Type

[MEMO ITEM]

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

Mailing Address 621 Capitol Mall, Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Internet Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: EXP.B.12238  
Date of Disbursement 04 / 01 / 2010

Amount of Each Disbursement this Period 150.00

001 Category/Type

**C.** Full Name (Last, First, Middle Initial)  
Constant Contact, Inc.

Mailing Address 1601 Trapelo Road, Suite 246

City Waltham State MA Zip Code 02451

Purpose of Disbursement Internet Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: PDT.B.38  
Date of Disbursement 04 / 01 / 2010

Amount of Each Disbursement this Period 150.00

001 Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 150.00

**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 25 / 45

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Internet Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12262 Date of Disbursement MM / DD / YYYY 04 / 01 / 2010  Amount of Each Disbursement this Period 150.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Constant Contact, Inc.  Mailing Address 1601 Trapelo Road, Suite 246  City Waltham State MA Zip Code 02451  Purpose of Disbursement Internet Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: PDT.B.41 Date of Disbursement MM / DD / YYYY 04 / 01 / 2010  Amount of Each Disbursement this Period 150.00  001 Category/ Type  <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Storage Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12240 Date of Disbursement MM / DD / YYYY 04 / 01 / 2010  Amount of Each Disbursement this Period 92.00  001 Category/ Type

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

242.00

**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)

<input checked="" 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 type="checkbox"/> 21

Any Information copied from such Reports and Statements and any other information 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

A.

Full Name (Last, First, Middle Initial)  
Airport Road Self-Storage, Inc.

Mailing Address 847 Airport Road

City Monterey State CA Zip Code 95814

Purpose of Disbursement  
Storage Rental  
Candidate Name

001  
Category/  
Type

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

Transaction ID: PDT.B.39  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

92.00

[MEMO ITEM]

B.

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

Mailing Address 621 Capitol Mall, Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Food & Beverages for Meeting  
Candidate Name

001  
Category/  
Type

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

Transaction ID: EXP.B.12256  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

62.65

C.

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

Mailing Address 621 Capitol Mall, Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
General Postage  
Candidate Name

001  
Category/  
Type

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

Transaction ID: EXP.B.12264  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

221.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

283.65

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

B. Form/Schedule : **SB17**

Does not aggregate over \$200.

Transaction ID : **EXP.B.12256**

# 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. Postmaster  Mailing Address 565 Hartnell Street  City Monterey State CA Zip Code 93940  Purpose of Disbursement General Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: PDT.B.42 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 221.00  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Equipment Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12242 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 599.02  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) PC People  Mailing Address 534 Abrego Street  City Monterey State CA Zip Code 93940  Purpose of Disbursement Equipment Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: PDT.B.40 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 504.02  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	599.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 / 45

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Bank Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12246 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 5.00  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Bank Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12254 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 52.25  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Office Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12260 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 99.81  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	157.06
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) Staples Mailing Address 1550 Canyon Del Rey Blvd. City Seaside State CA Zip Code 93955 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: PDT.B.44 Date of Disbursement 04 / 01 / 2010 Amount of Each Disbursement this Period 99.81 [MEMO ITEM]	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) U.S. Bank Mailing Address 621 Capitol Mall, Suite 800 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12287 Date of Disbursement 04 / 01 / 2010 Amount of Each Disbursement this Period 32.44	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) U.S. Bank Mailing Address 621 Capitol Mall, Suite 800 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12336 Date of Disbursement 04 / 12 / 2010 Amount of Each Disbursement this Period 5.00	001 Category/ Type

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

37.44

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address 621 Capitol Mall, Suite 800</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Fundraising Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.12449</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="289.66"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Postmaster</p> <p>Mailing Address 565 Hartnell Street</p> <p>City Monterey State CA Zip Code 93940</p> <p>Purpose of Disbursement Fundraising Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EDT.B.118</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="289.66"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address 621 Capitol Mall, Suite 800</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Storage Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.12448</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="92.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="381.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) Airport Road Self-Storage, Inc. <hr/> Mailing Address 847 Airport Road <hr/> City Monterey State CA Zip Code 95814 <hr/> Purpose of Disbursement Storage Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDT.B.117 Date of Disbursement 04 / 20 / 2010	Amount of Each Disbursement this Period 92.00  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Bank <hr/> Mailing Address 621 Capitol Mall, Suite 800 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Internet Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12301 Date of Disbursement 04 / 20 / 2010	Amount of Each Disbursement this Period 150.00  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Constant Contact, Inc. <hr/> Mailing Address 1601 Trapelo Road, Suite 246 <hr/> City Waltham State MA Zip Code 02451 <hr/> Purpose of Disbursement Internet Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDT.B.115 Date of Disbursement 04 / 20 / 2010	Amount of Each Disbursement this Period 150.00  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.

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

Mailing Address 621 Capitol Mall, Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: EXP.B.12447  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

318.17

B.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 1550 Canyon Del Rey Blvd.

City Seaside State CA Zip Code 93955

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: EDT.B.116  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

318.17

[MEMO ITEM]

C.

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

Mailing Address 621 Capitol Mall, Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: EXP.B.12334  
Date of Disbursement

05 / 01 / 2010

Amount of Each Disbursement this Period

36.19

SUBTOTAL of Disbursements This Page (optional) ▶

354.36

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address 621 Capitol Mall, Suite 800</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Storage Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.12349</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="92.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Airport Road Self-Storage, Inc.</p> <p>Mailing Address 847 Airport Road</p> <p>City Monterey State CA Zip Code 95814</p> <p>Purpose of Disbursement Storage Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EDT.B.114</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="92.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address 621 Capitol Mall, Suite 800</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.12348</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="353.28"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="445.28"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) Staples  Mailing Address 1550 Canyon Del Rey Blvd.  City Seaside State CA Zip Code 93955  Purpose of Disbursement Office Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDT.B.113 Date of Disbursement 05 / 18 / 2010  Amount of Each Disbursement this Period 353.28  [MEMO ITEM]	
B.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Internet Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12347 Date of Disbursement 05 / 18 / 2010  Amount of Each Disbursement this Period 150.00  [MEMO ITEM]	
C.	Full Name (Last, First, Middle Initial) Constant Contact, Inc.  Mailing Address 1601 Trapelo Road, Suite 246  City Waltham State MA Zip Code 02451  Purpose of Disbursement Internet Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDT.B.112 Date of Disbursement 05 / 18 / 2010  Amount of Each Disbursement this Period 150.00  [MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12346 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period  44.00
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Postmaster  Mailing Address 565 Hartnell Street  City Monterey State CA Zip Code 93940  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDT.B.120 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period  44.00  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Will, Plasha  Mailing Address 325 Hannon Avenue  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12276 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period  6000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6044.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) Will, Plasha  Mailing Address 325 Hannon Avenue  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12283 Date of Disbursement 04 / 08 / 2010  Amount of Each Disbursement this Period 74.20  003 Category/ Type
B.	Full Name (Last, First, Middle Initial) Will, Plasha  Mailing Address 325 Hannon Avenue  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12323 Date of Disbursement 04 / 30 / 2010  Amount of Each Disbursement this Period 6000.00  003 Category/ Type
C.	Full Name (Last, First, Middle Initial) Will, Plasha  Mailing Address 325 Hannon Avenue  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12333 Date of Disbursement 05 / 10 / 2010  Amount of Each Disbursement this Period 448.40  003 Category/ Type

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

6522.60

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

29172.73

# 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)

<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

A.	Full Name (Last, First, Middle Initial) Mark Critz for Congress Committee <hr/> Mailing Address 647 Main Street, Suite 110 <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Contribution Candidate Name Mark Critz for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special	Transaction ID: EXP.B.12340 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Monterey Bay Central Labor Council COPE <hr/> Mailing Address 931 East Market Street <hr/> City Salinas State CA Zip Code 93905 <hr/> Purpose of Disbursement Contribution to a Non-Federal Committee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12299 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Monterey County Democratic Central Committee <hr/> Mailing Address P.O. Box 3024 <hr/> City Monterey State CA Zip Code 93942 <hr/> Purpose of Disbursement Contribution to Local Party Committee Candidate Name Monterey County Democratic Central Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12341 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00

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

2500.00

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Planned Parenthood Advocates Mar Monte PAC <hr/> Mailing Address 555 Capitol Mall, Suite 1425 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Contribution to a Non-Federal Committee Candidate Name Planned Parenthood Advocates Mar Monte PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12325 Date of Disbursement MM / DD / YYYY 04 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type 011
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Bank <hr/> Mailing Address 621 Capitol Mall, Suite 800 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Excess Campaign Funds to State Party Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.12452 Date of Disbursement MM / DD / YYYY 04 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 45.00 <hr/> Category/ Type 011
<b>C.</b>	Full Name (Last, First, Middle Initial) Democratic State Central Committee of CA - Federal <hr/> Mailing Address 1401 21st Street, Suite 200 <hr/> City Sacramento State CA Zip Code 95811 <hr/> Purpose of Disbursement Excess Campaign Funds to State Party Candidate Name Democratic State Central Committee of CA - Federal <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: PDT.B.46 Date of Disbursement MM / DD / YYYY 04 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 45.00 <hr/> Category/ Type 011 [MEMO ITEM]

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

1045.00

**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 40 / 45

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Excess Campaign Funds to State Party Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.12450 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 50.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Democratic State Central Committee of CA - Federal  Mailing Address 1401 21st Street, Suite 200  City Sacramento State CA Zip Code 95811  Purpose of Disbursement Excess Campaign Funds to State Party Candidate Name Democratic State Central Committee of CA - Federal  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EDT.B.119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 50.00  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	3595.00



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Andrews Printing & Stationery, Inc.			Nature of Debt (Purpose): Yard Signs
Mailing Address 600 E. Franklin, Suite K			
City Monterey	State CA	ZIP Code 93940	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: PAY:D:12366</b>	
Amount Incurred This Period 1537.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 1537.56	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Andrews Printing & Stationery, Inc.			Nature of Debt (Purpose): Fundraising Printing
Mailing Address 600 E. Franklin, Suite K			
City Monterey	State CA	ZIP Code 93940	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: PAY:D:12367</b>	
Amount Incurred This Period 5981.07	Payment This Period 0.00	Outstanding Balance at Close of This Period 5981.07	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Internet Services
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period 150.00		<b>Transaction ID: PAY:D:12232</b>	
Amount Incurred This Period 0.00	Payment This Period 150.00	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶ <b>7518.63</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	▶
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Storage Rental
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="92.00"/>		<b>Transaction ID: PAY:D:12234</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="92.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Equipment Service
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="599.02"/>		<b>Transaction ID: PAY:D:12235</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="599.02"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Excess Campaign Funds to State Party
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>		<b>Transaction ID: PAY:D:12451</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="45.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Bank Fee
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="5.00"/>		Transaction ID: PAY:D:12237	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Internet Services
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="150.00"/>		Transaction ID: PAY:D:12248	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="150.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): General Postage
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="221.00"/>		Transaction ID: PAY:D:12249	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="221.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Food & Beverages for Meeting
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="62.65"/>		<b>Transaction ID: PAY:D:12250</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="62.65"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Storage Rental
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="92.00"/>		<b>Transaction ID: PAY:D:12251</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="92.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> U.S. Bank			Nature of Debt (Purpose): Office Supplies
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="99.81"/>		<b>Transaction ID: PAY:D:12252</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="99.81"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 / 45
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Farr

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank			Nature of Debt (Purpose): Bank Fee
Mailing Address 621 Capitol Mall, Suite 800			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period		<b>Transaction ID: PAY:D:12253</b>	
52.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	52.25	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	7518.63
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	7518.63