

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 555 Capitol Mall, Suite 1425
 Check if different than previously reported. (ACC)
Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** C00290429
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
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 03 2008 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 2008 through 05 14 2008

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 19 2008

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

SUMMARY PAGE
of Receipts and Disbursements

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	0	8

To:

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	75284.97	457340.97
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2310.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	75284.97	455030.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	24683.07	258516.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	516.24
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24683.07	258000.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	173125.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5310.96	

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	0	8

 To:

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

25598.00

104065.00

(ii) Unitemized.....

10921.00

51343.00

(iii) TOTAL of contributions

36519.00

155408.00

from individuals..... ▶

5.97

47.97

(b) Political Party Committees.....

38760.00

301885.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

75284.97

457340.97

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

516.24

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.13

15.88

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

75285.10

457873.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24683.07	258516.96
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	2235.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	75.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2310.00
21. OTHER DISBURSEMENTS.....	7400.00	177325.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	32083.07	438151.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129923.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	75285.10
25. SUBTOTAL (add Line 23 and Line 24).....	205208.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32083.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	173125.12

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

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

FOR LINE NUMBER: PAGE 5 / 56
(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)
Kenneth A. Adelman

Mailing Address 1365 Meadowridge Road

City Carralitos State CA Zip Code 95076

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 18 / 2008
Transaction ID: INC.A.9877
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jack Baskin

Mailing Address 2-2610 E Cliff Drive

City Santa Cruz State CA Zip Code 95062

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 12 / 2008
Transaction ID: INC.A.10119
 Amount of Each Receipt this Period: 700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jack Baskin

Mailing Address 2-2610 E Cliff Drive

City Santa Cruz State CA Zip Code 95062

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 12 / 2008
Transaction ID: INC.A.10118
 Amount of Each Receipt this Period: 1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 56
	<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

A.	Full Name (Last, First, Middle Initial) Peter E. Blackstock	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address P.O. Box 369	Transaction ID: INC.A.9895
	City State Zip Code Pebble Beach CA 93953	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Victory Toyota Automobile Dealer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Peter E. Blackstock	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address P.O. Box 369	Transaction ID: INC.A.9896
	City State Zip Code Pebble Beach CA 93953	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Victory Toyota Automobile Dealer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) M. Brewster-Smith	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 316 Escolona Drive	Transaction ID: INC.A.9851
	City State Zip Code Santa Cruz CA 95060	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Retired Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
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 7 / 56
	<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

A.	Full Name (Last, First, Middle Initial) Frank Calamia		Date of Receipt
	Mailing Address 3037 Marina Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Marina	CA	93933
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.9849
Name of Employer Destiny Tool		Occupation Vice President, Sales	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

B.	Full Name (Last, First, Middle Initial) Warren Church		Date of Receipt
	Mailing Address 470 Hidden Valley Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Royal Oaks	CA	95076
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.9888
Name of Employer W. Church Christmas		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

C.	Full Name (Last, First, Middle Initial) Robert N. Colombo		Date of Receipt
	Mailing Address 4826 Chevy Chase Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Chevy Chase	MD	20815
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.9948
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 25.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

SUBTOTAL of Receipts This Page (optional)	375.00
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 8 / 56
	<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

A.	Full Name (Last, First, Middle Initial) Robert N. Colombo	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address 4826 Chevy Chase Blvd.	Transaction ID: INC.A.10102
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Don Cooley	Date of Receipt MM / DD / YYYY 05 / 13 / 2008
	Mailing Address 140 Peckham Road	Transaction ID: INC.A.10117
	City State Zip Code Watsonville CA 95076	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Neal Coonerty	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 510 King Street	Transaction ID: INC.A.10037
	City State Zip Code Santa Cruz CA 95060	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Bookshop Santa Cruz	Occupation Business Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
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 10 / 56
	<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

A.	Full Name (Last, First, Middle Initial) Robert Dockendorff		Date of Receipt
	Mailing Address 260 Amber Drive		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94131
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	Transaction ID: INC.A.10051
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="250.00"/>	
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Sam W. Downing		Date of Receipt
	Mailing Address 24730 Lower Trail		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Carmel	CA	93923
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Salinas Memorial Hospital		Occupation Hospital Administrator	Transaction ID: INC.A.9915
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="299.00"/>	
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Jean L. Draper		Date of Receipt
	Mailing Address P.O. Box 215		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Carmel	CA	93921
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Homemaker		Occupation Homemaker	Transaction ID: INC.A.9954
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="500.00"/>	
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="650.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 56
(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)
Myron E. Etienne, Jr.
Mailing Address P.O. Box 2510

City State Zip Code
Salinas CA 93902-251

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

Name of Employer Occupation
Noland, Hamerly, Etienne & Hoss Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008
Transaction ID: INC.A.10046
Amount of Each Receipt this Period
150.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary F. Farr
Mailing Address 150 Greenwood Way

City State Zip Code
Mill Valley CA 94941

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

Name of Employer Occupation
Retired Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2008
Transaction ID: INC.A.9939
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dean M. Gottehrer
Mailing Address 323 Arroyo Seco

City State Zip Code
Santa Cruz CA 95060-314

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

Name of Employer Occupation
Dean M. Gottehrer, Consultant Consultant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2008
Transaction ID: INC.A.9966
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 12 / 56
	<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	

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NAME OF COMMITTEE (In Full)
Friends of Farr

A.	Full Name (Last, First, Middle Initial) Robert J. Gray	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 6354 Alderman Drive	Transaction ID: INC.A.9937
	City State Zip Code Alexandria VA 22315-373	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Strategic Insight Occupation Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Karl Gregorius, M.D.	Date of Receipt MM / DD / YYYY 04 / 25 / 2008
	Mailing Address 2350 Pheasant Run Circle	Transaction ID: INC.A.9968
	City State Zip Code Stockton CA 95207	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Karl Gregorius, Physician Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Arlean B. Guerrero	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 280 B Walker Valley Road	Transaction ID: INC.A.10039
	City State Zip Code Castroville CA 95012	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

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 13 / 56
	<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

A.	Full Name (Last, First, Middle Initial) Maryanna Haskins		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 6 Hacienda Carmel		Transaction ID: INC.A.9881
	City Carmel	State CA	Zip Code 93923
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

B.	Full Name (Last, First, Middle Initial) Frederick J. Keeley		Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address 121 Market Street		Transaction ID: INC.A.9976
	City Santa Cruz	State CA	Zip Code 95060
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Santa Cruz County	Occupation Treasurer/Tax Collector	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Zad Leavy		Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 3785 Via Nona Marie, Suite 309		Transaction ID: INC.A.10050
	City Carmel	State CA	Zip Code 93923
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Law Offices Zad Leavy/Rob-in Jepsen	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
---	------------------------------------

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 14 / 56
	<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

A.	Full Name (Last, First, Middle Initial) Carol Lieberman	Date of Receipt MM / DD / YYYY 04 / 08 / 2008
	Mailing Address 1 Cramden Drive	Transaction ID: INC.A.9806
	City Monterey State CA Zip Code 93940	Amount of Each Receipt this Period 198.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Carol Lieberman, Rheumatologist Occupation: Rheumatologist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 298.00	

B.	Full Name (Last, First, Middle Initial) Thomas F. McLarty III	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 3 Greenbrier Road	Transaction ID: INC.A.9985
	City Little Rock State AR Zip Code 72202	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: McLarty Companies Occupation: President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) William M. McLeod	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address P.O. Box 223840	Transaction ID: INC.A.10047
	City Carmel State CA Zip Code 93922	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: William McLeod, Contractor Occupation: Contractor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2200.00	

SUBTOTAL of Receipts This Page (optional)	1398.00
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 / 56
(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)
Herbert G. Meyer

Mailing Address 400 Camino Aguajito

City State Zip Code
Monterey CA 93940

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

Name of Employer Occupation
The Herald Company Rancher

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: INC.A.10053

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Arthur Mitteldorf

Mailing Address 942 Coral Drive

City State Zip Code
Pebble Beach CA 93953

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 25 / 2008

Transaction ID: INC.A.9972

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
George T. Newell

Mailing Address 2820 Fresno Street

City State Zip Code
Santa Cruz CA 95062

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

Name of Employer Occupation
Santa Clara County Administrator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 25 / 2008

Transaction ID: INC.A.9963

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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 / 56
(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

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NAME OF COMMITTEE (In Full)
Friends of Farr

A.

Full Name (Last, First, Middle Initial)
Carol Jean Newman

Mailing Address 106 Moore Creek Road

City State Zip Code
Santa Cruz CA 95060

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: INC.A.10044

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Tommie Newman

Mailing Address 1056 Hamilton Avenue

City State Zip Code
Seaside CA 93955

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 298.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2008

Transaction ID: INC.A.9957

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Julie Packard

Mailing Address 6551 Glen Haven Road

City State Zip Code
Soquel CA 95073

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

Name of Employer Monterey Bay Aquarium Occupation Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: INC.A.10112

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2450.00**

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 / 56
(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

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NAME OF COMMITTEE (In Full)
Friends of Farr

A.

Full Name (Last, First, Middle Initial)
Crecencio Padilla

Mailing Address 422 Maher Road

City State Zip Code
Royal Oaks CA 95076

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: INC.A.10020

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Barbara J. Palmer

Mailing Address 505 Shadowmere Way

City State Zip Code
Aptos CA 95003

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

Name of Employer Bailey Properties Occupation Business Manager/Realtor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: INC.A.10052

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Rowland Rebele

Mailing Address 323 Kingsburg Drive

City State Zip Code
Aptos CA 95003

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

Name of Employer Rowland Rebele Consulting, Inc. Occupation Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: INC.A.9850

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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 / 56

(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

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NAME OF COMMITTEE (In Full)
Friends of Farr

A.

Full Name (Last, First, Middle Initial)

David Richardson

Mailing Address 210 Lake Court

City State Zip Code
Aptos CA 95003

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: INC.A.9857

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Ellen Riddleberger Kunert

Mailing Address 5916-31st Place, NW

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
McAllister & Quinn Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: INC.A.9837

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Marshall Sachs

Mailing Address 1604 Solano Avenue

City State Zip Code
Albany CA 94707

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: INC.A.9967

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 56
(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

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NAME OF COMMITTEE (In Full)
Friends of Farr

A.

Full Name (Last, First, Middle Initial)
Lewis W. Shutt

Mailing Address 750 Colton Street

City Monterey State CA Zip Code 93940

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

Name of Employer Lewis W. Shutt, Consulting Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 249.00

Date of Receipt 05 / 02 / 2008

Transaction ID: INC.A.10042

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Alan Sieroty

Mailing Address 6022 Wilshire Blvd.

City Los Angeles State CA Zip Code 90036

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

Name of Employer Sieroty Company, Inc. Occupation Real Estate Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 04 / 25 / 2008

Transaction ID: INC.A.9971

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Leonard S. Simon

Mailing Address 5308 Wilson Lane

City Bethesda State MD Zip Code 20814-132

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

Name of Employer Simon and Company Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2008

Transaction ID: INC.A.9936

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: PAGE 20 / 56
(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)
Albert W. Smith

Mailing Address 128 Francis Cort

City State Zip Code
Santa Cruz CA 95062

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

Name of Employer Occupation
Self Employed Self Employed

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: INC.A.10032

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

225.00

B. Full Name (Last, First, Middle Initial)
David A. South, M.D.

Mailing Address 16 Oak Tree Lane

City State Zip Code
Aptos CA 95003

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

Name of Employer Occupation
David A. South, M.D. Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 25 / 2008

Transaction ID: INC.A.9953

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

400.00

C. Full Name (Last, First, Middle Initial)
Beth E. Sterten

Mailing Address 27080 Meadows Road

City State Zip Code
Carmel CA 93923

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: INC.A.10064

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

450.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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 21 / 56
(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)
Stephen D. Storey, M.D.
Mailing Address 61 Paseo Hermoso
City Salinas State CA Zip Code 93908
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 15 / 2008
Transaction ID: INC.A.9848
Amount of Each Receipt this Period
200.00

Name of Employer Precision Orthopedics Occupation Orthopedic Surgeon
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **300.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mariko T. Sumida
Mailing Address 2 Via Castanada
City Monterey State CA Zip Code 93940
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008
Transaction ID: INC.A.9862
Amount of Each Receipt this Period
200.00

Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **700.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Norman E. Weiss
Mailing Address 340 Alamo Avenue
City Santa Cruz State CA Zip Code 95060
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 21 / 2008
Transaction ID: INC.A.9938
Amount of Each Receipt this Period
250.00

Name of Employer Design Octaves Occupation Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **500.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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 22 / 56
(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)
Mary J. Whitney
Mailing Address 195 San Remo Road
City State Zip Code
Carmel CA 93923-976
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Chartwell School Co-Founder Fluke Foundation
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt: 05 / 02 / 2008
Transaction ID: INC.A.10049
Amount of Each Receipt this Period: 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Paul Witt
Mailing Address 11828 La Grange Avenue
City State Zip Code
Los Angeles CA 90025
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Paul Witt, Producer Producer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3300.00
Date of Receipt: 05 / 02 / 2008
Transaction ID: INC.A.10055
Amount of Each Receipt this Period: 1300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Paul Witt
Mailing Address 11828 La Grange Avenue
City State Zip Code
Los Angeles CA 90025
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Paul Witt, Producer Producer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3300.00
Date of Receipt: 05 / 02 / 2008
Transaction ID: INC.A.10056
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 56
	(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

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NAME OF COMMITTEE (In Full)
Friends of Farr

A.

Full Name (Last, First, Middle Initial)
Bennett Paine Wright

Mailing Address 6239 Pine Crest Drive

City State Zip Code
Los Angeles CA 90042

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

Name of Employer San Marino High School Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: INC.A.10116

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Marsha McMahan Zelus

Mailing Address 225 Crossroads Blvd., #360

City State Zip Code
Carmel CA 93923

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
05 / 08 / 2008

Transaction ID: INC.A.10070

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	25598.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 56
(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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 8

Transaction ID: INC.A.9934

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Aircraft Owners and Pilots Association 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: INC.A.9841

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Crystal Sugar Company PAC
Mailing Address 101 North Third Street

City State Zip Code
Moorhead MN 56560

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: INC.A.9844

Amount of Each Receipt this Period
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4250.00**

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 25 / 56
(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 Dental Political Action Committee
 Mailing Address 1111 14th Street, NW, Suite 1100
 City Washington State DC Zip Code 20005
 Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Transaction ID: INC.A.9930
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Federation of Teachers COPE Voluntary
 Mailing Address 555 New Jersey Avenue, NW
 City Washington State DC Zip Code 20001
 Date of Receipt MM / DD / YYYY 05 / 08 / 2008
Transaction ID: INC.A.10078
 Amount of Each Receipt this Period 1500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Maritime Officers Voluntary PAC Fund
 Mailing Address 2 West Dixie Highway
 City Dania Beach State FL Zip Code 33004
 Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Transaction ID: INC.A.9842
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 56
(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 Podiatry Medical Association PAC

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814-169

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: INC.A.9840

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Society of Travel Agents, Inc. PAC

Mailing Address 1101 King Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2008

Transaction ID: INC.A.9799

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Blue Diamond Growers PAC

Mailing Address 1802 C Street

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2008

Transaction ID: INC.A.9798

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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 27 / 56
(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)
California Citrus Mutual PAC
Mailing Address 512 North Kaweah

City State Zip Code
Exeter CA 93221

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 8

Transaction ID: INC.A.10085

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Committee for Advancement of Cotton
Mailing Address P.O. Box 820292

City State Zip Code
Memphis TN 38182

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 8

Transaction ID: INC.A.10084

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council (CULAC)
Mailing Address 601 Pennsylvania Avenue, Suite 600

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 0 8

Transaction ID: INC.A.9846

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 56
(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)
Dairy Farmers of America, Inc. DEPAC

Mailing Address 10220 North Ambassador Drive

City State Zip Code
Kansas City MO 65153

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 8

Transaction ID: INC.A.10082

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dean Foods Company PAC

Mailing Address 2515 McKinney Avenue, Suite 1200

City State Zip Code
Dallas TX 75201

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 8

Transaction ID: INC.A.10086

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Diamond Foods, Inc. PAC Federal

Mailing Address 1050 South Diamond Street

City State Zip Code
Stockton CA 95205

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 4 / 2 0 0 8

Transaction ID: INC.A.10108

Amount of Each Receipt this Period
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 56
(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)
Edison International PAC
 Mailing Address 2244 Walnut Grove Avenue
 City State Zip Code
 Rosemead CA 91770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 3000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 4 / 2 0 0 8
Transaction ID: INC.A.10147
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
International Longshore & Warehouse Union Political Action Fund
 Mailing Address 1188 Franklin Street
 City State Zip Code
 San Francisco CA 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 8
Transaction ID: INC.A.9800
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Int'l Academy of Compounding Pharmacists PAC
 Mailing Address P.O. Box 1365
 City State Zip Code
 Sugar Land TX 77487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8
Transaction ID: INC.A.9839
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 56
(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)
Ironworkers Political Action League

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
05 / 14 / 2008

Transaction ID: INC.A.10105

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Marijuana Policy Project Medical Marijuana PAC

Mailing Address P.O. Box 77492

City Washington State DC Zip Code 20013

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
04 / 24 / 2008

Transaction ID: INC.A.9929

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Minn-Dak Farmers Cooperative PAC (MDFCPAC)

Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 24 / 2008

Transaction ID: INC.A.9931

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 56
(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)
National Association for Uniformed Services PAC (NAUS-PAC)
Mailing Address 5535 Hempstead Way

City State Zip Code
Springfield VA 22151

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	8

Transaction ID: INC.A.9838
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Association of Insurance & Financial Advisors PAC
Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	8

Transaction ID: INC.A.9977
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Association of Wheat Growers PAC (NAWG WHEATPAC)
Mailing Address 415 2nd Street, NE, Suite 300

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: INC.A.9933
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 56
(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)
National Stone Sand & Gravel Association ROCKPAC
Mailing Address 1605 King Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 0 8

Transaction ID: INC.A.10075

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 2 / 2 0 0 8

Transaction ID: INC.A.10054

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Pacific Gas & Electric Corporation Energy PAC
Mailing Address 77 Beale Street

City State Zip Code
San Francisco CA 94177

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 8

Transaction ID: INC.A.10080

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 56
(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)
Physical Therapy PAC (PT-PAC)
Mailing Address 1111 North Fairfax Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 8

Transaction ID: INC.A.9833

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Poultry PAC
Mailing Address 3117 McHenry Avenue

City State Zip Code
Modesto CA 95350

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 8

Transaction ID: INC.A.9928

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Prostate Cancer Research PAC
Mailing Address 212 North Sangamon Street, No. 1A

City State Zip Code
Chicago IL 60607-171

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 8

Transaction ID: INC.A.9932

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 56
(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)
Sierra Club Political Committee
Mailing Address 85 Second Street, Second Floor
City San Francisco State CA Zip Code 94105-344
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 10.00
Date of Receipt 04 / 02 / 2008
Transaction ID: NON.A.9810
Amount of Each Receipt this Period 10.00
Website Endorsement
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
United Auto Workers V CAP/UAW V CAP
Mailing Address 8000 East Jefferson
City Detroit State MI Zip Code 48214
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 04 / 16 / 2008
Transaction ID: INC.A.9843
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
United Egg Association (Egg PAC)
Mailing Address 1720 Windward Concourse, #230
City Alpharetta State GA Zip Code 30005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 3000.00
Date of Receipt 04 / 24 / 2008
Transaction ID: INC.A.9935
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2010.00
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 35 / 56
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" 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)
Western Growers PAC-Federal

Mailing Address 17620 Fitch Street

City Irvine State CA Zip Code 92614

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 05 / 08 / 2008

Transaction ID: INC.A.10083

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Wine Institute PAC

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 08 / 2008

Transaction ID: INC.A.10081

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	38760.00

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

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

FOR LINE NUMBER:
(check only one)

<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)
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

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.9836

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

1981.67

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

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

Mailing Address P.O. Box 7221

City Pasadena State CA Zip Code 91109-7321

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.9927

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

303.29

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

C. Full Name (Last, First, Middle Initial)
John Franzen dba Franzen & Company Strategic Communicat-
ions

Mailing Address 908 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Campaign Consulting

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.9845

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

3000.00

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

SUBTOTAL of Disbursements This Page (optional)

5284.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

Transaction ID: EXP.B.9835
Date of Disbursement

Mailing Address 30 Ivy Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

City Washington State DC Zip Code 20003-4071

Amount of Each Disbursement this Period

610.33

Purpose of Disbursement
Fundraising Catering

003

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: EXP.B.9978
Date of Disbursement

Mailing Address 30 Ivy Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

City Washington State DC Zip Code 20003-4071

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
Membership Dues

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: EXP.B.9988
Date of Disbursement

Mailing Address 30 Ivy Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

City Washington State DC Zip Code 20003-4071

Amount of Each Disbursement this Period

739.03

Purpose of Disbursement
Fundraising Catering

003

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1374.36

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) 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.9811 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 2686.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Plasha Will 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.9832 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8 Amount of Each Disbursement this Period 529.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Plasha Will Mailing Address 325 Hannon Avenue City Monterey State CA Zip Code 93940 Purpose of Disbursement Fundraising 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.9984 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 211.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3427.41
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 / 56

<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. Postmaster

Mailing Address 565 Hartnell Street

City Monterey State CA Zip Code 93940-0998

Purpose of Disbursement
Fundraising Postage

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: EDT.B.31
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

211.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Plasha Will

Mailing Address 325 Hannon Avenue

City Monterey State CA Zip Code 93940

Purpose of Disbursement
Fundraising Consulting

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: EXP.B.9990
Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

963.30

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

C.

Full Name (Last, First, Middle Initial)
Plasha Will

Mailing Address 325 Hannon Avenue

City Monterey State CA Zip Code 93940

Purpose of Disbursement
Fundraising Consulting

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: EXP.B.9979
Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

5750.00

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

SUBTOTAL of Disbursements This Page (optional)

6713.30

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) Randy Tunnell Photography Mailing Address 17 Elk Run City Monterey State CA Zip Code 93940 Purpose of Disbursement Photography 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.9983 Date of Disbursement 05 / 02 / 2008 Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Red Shift Internet Services, Inc. Mailing Address 712 Hawthorne Street, Department C City Monterey State CA Zip Code 93940 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.9980 Date of Disbursement 04 / 30 / 2008 Amount of Each Disbursement this Period 29.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Bonner Group, Inc. Mailing Address P.O. Box 523523 City Springfield State VA Zip Code 22152 Purpose of Disbursement Fundraising Expenses 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.9827 Date of Disbursement 04 / 03 / 2008 Amount of Each Disbursement this Period 803.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1633.42
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>A. Full Name (Last, First, Middle Initial) The Bonner Group, Inc.</p> <p>Mailing Address P.O. Box 523523</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Fundraising Printing</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>Transaction ID: EXP.B.9821</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) The Bonner Group, Inc.</p> <p>Mailing Address P.O. Box 523523</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Fundraising Phone</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>Transaction ID: EXP.B.9823</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) The Bonner Group, Inc.</p> <p>Mailing Address P.O. Box 523523</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Fundraising Shipping</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>Transaction ID: EXP.B.9825</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="53.99"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="93.74"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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 Bonner Group, Inc.

Transaction ID: EXP.B.9926
Date of Disbursement

Mailing Address P.O. Box 523523

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

City Springfield State VA Zip Code 22152

Amount of Each Disbursement this Period

3125.00

Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
The Bonner Group, Inc.

Transaction ID: EXP.B.9986
Date of Disbursement

Mailing Address P.O. Box 523523

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

City Springfield State VA Zip Code 22152

Amount of Each Disbursement this Period

1214.26

Purpose of Disbursement
Fundraising Expenses

003

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
The Diversity Center, QYLA AD

Transaction ID: EXP.B.9803
Date of Disbursement

Mailing Address P.O. Box 8280

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

City Santa Cruz State CA Zip Code 95061

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Print Advertisement

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

4689.26

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) U.S. Bank Mailing Address P.O. Box 790429 City St. Louis State MO Zip Code 63179 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.9925 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 69.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
B.	Full Name (Last, First, Middle Initial) U.S. Bank Mailing Address P.O. Box 790429 City St. Louis State MO Zip Code 63179 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.10180 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 17.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
C.	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.14 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 17.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	86.95
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)
U.S. Bank

Transaction ID: EXP.B.10187
Date of Disbursement

Mailing Address P.O. Box 790429

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City State Zip Code
St. Louis MO 63179

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
Internet Service
Candidate Name

001
Category/
Type

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

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

B.

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

Transaction ID: PDT.B.5
Date of Disbursement

Mailing Address 1601 Trapelo Road, Suite 246

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

City State Zip Code
Waltham MA 02451

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
Internet Service
Candidate Name

001
Category/
Type

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

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

[MEMO ITEM]

C.

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

Transaction ID: EXP.B.10184
Date of Disbursement

Mailing Address P.O. Box 790429

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City State Zip Code
St. Louis MO 63179

Amount of Each Disbursement this Period

632.50

Purpose of Disbursement
Buttons
Candidate Name

006
Category/
Type

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

782.50

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

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) Ideas Companies Inc. Mailing Address P.O. Box 946 City Naperville State IL Zip Code 60566 Purpose of Disbursement Buttons 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.13 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 632.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	006 Category/ Type
B.	Full Name (Last, First, Middle Initial) U.S. Bank Mailing Address P.O. Box 790429 City St. Louis State MO Zip Code 63179 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.10186 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 92.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
C.	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: <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.36 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 92.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	92.00
TOTAL This Period (last page this line number only) ▶	92.00

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

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

FOR LINE NUMBER:
(check only one)

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

Transaction ID: EXP.B.10125

Date of Disbursement

Mailing Address P.O. Box 790429

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

City State Zip Code
St. Louis MO 63179

Amount of Each Disbursement this Period

160.61

Purpose of Disbursement
Bank Fee

001
Category/
Type

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

160.61

TOTAL This Period (last page this line number only)

24575.66

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)
Jim McDermott Legal Expense Trust

Mailing Address P.O. Box 2168

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Donation to Legal Expense Trust

Candidate Name

012
Category/
Type

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

Transaction ID: EXP.B.9809
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

5000.00

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

B. Full Name (Last, First, Middle Initial)
Monterey Bay Central Labor Council, AFL-CIO Cope Fund

Mailing Address 931 East Market Street

City State Zip Code
Salinas CA 93905

Purpose of Disbursement
Contribution to a non-federal committee

Candidate Name

012
Category/
Type

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

Transaction ID: EXP.B.9802
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

1250.00

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

C. Full Name (Last, First, Middle Initial)
Monterey County Democratic Central Committee

Mailing Address P.O. Box 3024

City State Zip Code
Monterey CA 93942

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

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

Transaction ID: EXP.B.9834
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

7250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
U.S. Bank

Transaction ID: EXP.B.10178

Date of Disbursement

Mailing Address P.O. Box 790429

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	4		1	5		2	0	0	8

City State Zip Code
St. Louis MO 63179

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

7400.00

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Andrukitis, Inc.			Nature of Debt (Purpose): Fundraising Printing
Mailing Address 50 East Street, Southeast			
City Washington	State DC	ZIP Code 20003	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: PAY:D:10087	
Amount Incurred This Period <input type="text" value="378.06"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="378.06"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Franzen dba Franzen & Company Strategic Communications			Nature of Debt (Purpose): Campaign Consulting
Mailing Address 908 Massachusetts Avenue, NE			
City Washington	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: PAY:D:10135	
Amount Incurred This Period <input type="text" value="4000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Bonner Group, Inc.			Nature of Debt (Purpose): Fundraising Printing
Mailing Address P.O. Box 523523			
City Springfield	State VA	ZIP Code 22152	

Outstanding Balance Beginning This Period <input type="text" value="8.75"/>		Transaction ID: PAY:D:9813	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="8.75"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4378.06"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Bonner Group, Inc.			Nature of Debt (Purpose): Fundraising Phone
Mailing Address P.O. Box 523523			
City Springfield	State VA	ZIP Code 22152	

Outstanding Balance Beginning This Period <input type="text" value="31.00"/>		Transaction ID: PAY:D:9814	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="31.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Bonner Group, Inc.			Nature of Debt (Purpose): Fundraising Shipping
Mailing Address P.O. Box 523523			
City Springfield	State VA	ZIP Code 22152	

Outstanding Balance Beginning This Period <input type="text" value="53.99"/>		Transaction ID: PAY:D:9815	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="53.99"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Bonner Group, Inc.			Nature of Debt (Purpose): Fundraising Expenses
Mailing Address P.O. Box 523523			
City Springfield	State VA	ZIP Code 22152	

Outstanding Balance Beginning This Period <input type="text" value="803.52"/>		Transaction ID: PAY:D:9816	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="803.52"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank			Nature of Debt (Purpose): Internet Services
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period <input type="text" value="150.00"/>		Transaction ID: PAY:D:9817	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="150.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank			Nature of Debt (Purpose): Contribution
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period <input type="text" value="150.00"/>		Transaction ID: PAY:D:9818	
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"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank			Nature of Debt (Purpose): Office Supplies
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period <input type="text" value="17.78"/>		Transaction ID: PAY:D:9819	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="17.78"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="150.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank			Nature of Debt (Purpose): Buttons
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period <input type="text" value="632.50"/>		Transaction ID: PAY:D:9820	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="632.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank			Nature of Debt (Purpose): Office Supplies
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: PAY:D:10141	
Amount Incurred This Period <input type="text" value="41.99"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="41.99"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank			Nature of Debt (Purpose): Storage Rental
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: PAY:D:10142	
Amount Incurred This Period <input type="text" value="92.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="92.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="133.99"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 54 / 56
	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): Fundraising Postage
Mailing Address P.O. Box 790429	
City State ZIP Code St. Louis MO 63179	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:10143	
Amount Incurred This Period 211.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 211.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank	Nature of Debt (Purpose): Shipping
Mailing Address P.O. Box 790429	
City State ZIP Code St. Louis MO 63179	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:10144	
Amount Incurred This Period 38.67	Payment This Period 0.00	Outstanding Balance at Close of This Period 38.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank	Nature of Debt (Purpose): Food & Beverages for Meeting
Mailing Address P.O. Box 790429	
City State ZIP Code St. Louis MO 63179	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:10145	
Amount Incurred This Period 51.55	Payment This Period 0.00	Outstanding Balance at Close of This Period 51.55

1) SUBTOTALS This Period This Page (optional).....	301.22
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

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

(Use separate schedule(s) for each numbered line)	PAGE 55 / 56
	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): Travel Expenses
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period		Transaction ID: PAY:D:10146	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
347.69	0.00	347.69	

1) SUBTOTALS This Period This Page (optional).....	347.69
2) TOTALS This Period (last page this line number only).....	5310.96
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5310.96

Image# 28931709926

Form/Schedule: **SB21** Does not Aggregate over \$200.

Transaction ID: **EXP.B.10178**
