



**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Farr

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	111480.96	210493.16
(b) Total Contribution Refunds (from Line 20(d)).....	150.00	150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	111330.96	210343.16
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	39593.18	143823.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	39593.18	143823.72
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>119102.07</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>2276.10</b>	

**For further information contact:**

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Farr

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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).....	40955.83	63593.28
(ii) Unitemized.....	25175.13	30349.88
(iii) TOTAL of contributions from individuals..... ▶	66130.96	93943.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	45350.00	116550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	111480.96	210493.16
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.41	1.44
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	111481.37	210494.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	39593.18	143823.72
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.....	150.00	150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	150.00	150.00
21. OTHER DISBURSEMENTS.....	28545.00	56045.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	68288.18	200018.72

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	75908.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	111481.37
25. SUBTOTAL (add Line 23 and Line 24).....	187390.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68288.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	119102.07

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 79  
(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)  
Richard W. Amirsehhi

Mailing Address 17535 Foothill Circle

City State Zip Code  
Salinas CA 93908

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

Name of Employer Nature Ripe Berry Growers Occupation Chief Executive Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2009

**Transaction ID:** INC.A.11738

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Neil J. Amrine

Mailing Address 734 15th Street, NW, #701

City State Zip Code  
Washington DC 20005

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

Name of Employer Guide Service of Washington, Inc. Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2009

**Transaction ID:** INC.A.11347

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
James Barton

Mailing Address P. O. Box 14003

City State Zip Code  
Norfolk CA 23518

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

Name of Employer Underwater Ordinance Recovery Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 24 / 2009

**Transaction ID:** INC.A.11471

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**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 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) R. Bruce Beckham	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 587 Washington Street	<b>Transaction ID:</b> INC.A.11393
	City State Zip Code Canton MA 02021	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tourism Cares Occupation Chief Executive Officer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter Hoyt Brown	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 10 Waverly Court	<b>Transaction ID:</b> INC.A.11492
	City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Architect Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William M. Cloherty	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 5005 Sangarmore Road	<b>Transaction ID:</b> INC.A.11355
	City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Consultant Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 79  
(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)  
Robert N. Colombo

Mailing Address 4826 Chevy Chase Blvd.

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Retired      Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	9

**Transaction ID:** INC.A.11344

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼ 250.00

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

Mailing Address 67 - 7th Avenue

City State Zip Code  
San Francisco CA 94118

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

Name of Employer Retired      Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	0	9

**Transaction ID:** INC.A.11644

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Sherrod Stone Davis

Mailing Address 2880 White Pine Court

City State Zip Code  
Canon City CO 81212

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

Name of Employer Retired      Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	9

**Transaction ID:** INC.A.11402

Amount of Each Receipt this Period  
1000.00

Election Cycle-to-Date ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 79  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John D. Freshman</p> <p>Mailing Address 6716 Vendome Terrace</p> <p>City State Zip Code Bethesda MD 20817</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer John Freshman Associates, Inc.</p> <p>Occupation Environmental Consultant</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 29 / 2009</span></p> <p><b>Transaction ID:</b> INC.A.11356</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) John Garamendi</p> <p>Mailing Address 14216 Highway 160</p> <p>City State Zip Code Walnut Grove CA 95690</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-Employed</p> <p>Occupation Rancher</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 26 / 2009</span></p> <p><b>Transaction ID:</b> INC.A.11503</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Les Gardner</p> <p>Mailing Address 8266 West Zayante Road</p> <p>City State Zip Code Felton CA 95018</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-Employed</p> <p>Occupation Investor</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 02 / 2009</span></p> <p><b>Transaction ID:</b> INC.A.11605</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">400.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 79  
(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)  
Lucie Gikovich

Mailing Address 514 Seward Square, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. C

Name of Employer Platinum Advisors LLC Occupation Advocate

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1613.39

Date of Receipt 07 / 28 / 2009  
**Transaction ID: NON.A.11375**  
 Amount of Each Receipt this Period 1113.39  
 Reception Expenses

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

Mailing Address 514 Seward Square, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. C

Name of Employer Platinum Advisors LLC Occupation Advocate

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1613.39

Date of Receipt 07 / 29 / 2009  
**Transaction ID: INC.A.11358**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dean Goeldner

Mailing Address 16025 Jerald Road

City Laurel State MD Zip Code 20707

FEC ID number of contributing federal political committee. C

Name of Employer U.S. Department of Agriculture Occupation Senior Staff Veterinarian

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2009  
**Transaction ID: INC.A.11359**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1863.39

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

A. Form/Schedule : **SA11AI**

In-Kind Contribution

Transaction ID : **NON.A.11375**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 79
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert J. Gray		Date of Receipt
	Mailing Address 6354 Alderman Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 29 / 2009
	City	State	Zip Code
	Alexandria	VA	22315
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Strategic Insight		Occupation Consultant	<b>Transaction ID:</b> INC.A.11361
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew N. Green		Date of Receipt
	Mailing Address 10114 Gates Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 17 / 2009
	City	State	Zip Code
	Silver Spring	MD	20902
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Catholic University of America		Occupation Assistant Professor	<b>Transaction ID:</b> INC.A.11388
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Grisso		Date of Receipt
	Mailing Address 5115 Doyle Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 30 / 2009
	City	State	Zip Code
	Centreville	VA	20120
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Grisso Consulting		Occupation Owner	<b>Transaction ID:</b> INC.A.11732
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

C. Form/Schedule : **SA11AI**

Permissible Funds Verification Pending

Transaction ID : **INC.A.11732**

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 13 / 79

(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)  
Edward A. Haft

Mailing Address 4607 Roxbury Road

City State Zip Code  
Corona Del Mar CA 92625

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

Name of Employer Occupation  
Sun Capital Partners President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** INC.A.11735

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth J. Harlan

Mailing Address 7325 Nantucket Place

City State Zip Code  
Gilroy CA 95020

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

Name of Employer Occupation  
WJIT Investments, Inc. Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2009

**Transaction ID:** INC.A.11324

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Hoffman

Mailing Address 9521-H Folsom Blvd.

City State Zip Code  
Sacramento CA 95827

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

Name of Employer Occupation  
Sports Leisure Vacations Chief Executive Officer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2009

**Transaction ID:** INC.A.11447

Amount of Each Receipt this Period  
250.00

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

3650.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 79  
(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)  
Robert E. Juliano

Mailing Address 1099 22nd Street, NW, #802

City Washington State DC Zip Code 20037

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

Name of Employer Hotel Employees & Restaurant Employees Occupation Legislative Representative

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2009  
**Transaction ID: INC.A.11384**  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
William R. LeBlanc

Mailing Address 1303 Cordelia Avenue

City San Jose State CA Zip Code 95129

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

Name of Employer Cal Pacific Specialty Foods Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 29 / 2009  
**Transaction ID: INC.A.11739**  
Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Judith K. Lemons

Mailing Address 1351 F Street, NE

City Washington State DC Zip Code 20002

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2009  
**Transaction ID: INC.A.11363**  
Amount of Each Receipt this Period 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 79  
(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)  
Eleanor Littman

Mailing Address 302 Dickens Way

City State Zip Code  
Santa Cruz CA 95064

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

Name of Employer Occupation  
Kaiser Permanente Nurse

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

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2009

**Transaction ID:** INC.A.11563

Amount of Each Receipt this Period  
200.00

398.00

**B.** Full Name (Last, First, Middle Initial)  
Jerome J. Lohr

Mailing Address 18755 Montewood Drive

City State Zip Code  
Saratoga CA 95070

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

Name of Employer Occupation  
J. Lohr Winery Vintner

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

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2009

**Transaction ID:** INC.A.11513

Amount of Each Receipt this Period  
1000.00

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Marjorie P. Love

Mailing Address 2442 17th Avenue

City State Zip Code  
Carmel CA 93923

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2009

**Transaction ID:** INC.A.11514

Amount of Each Receipt this Period  
500.00

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

**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 16 / 79
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) R.J. Lyerly	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 4786 Old Dominion	<b>Transaction ID:</b> INC.A.11348
	City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carpi Clay & Smith Occupation Principal Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert E. Maclin III	Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 3144 Warrenwood Way	<b>Transaction ID:</b> INC.A.11659
	City State Zip Code Lexington KY 40502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer McBrayer/McGuinnis Occupation Attorney Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn Mecozzi	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 4435 Esta Lane	<b>Transaction ID:</b> INC.A.11518
	City State Zip Code Soquel CA 95073	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Homemaker Occupation Homemaker Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 79  
(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)  
Carolyn Mecozzi  
Mailing Address 4435 Esta Lane  
City Soquel State CA Zip Code 95073  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
Date of Receipt: 09 / 29 / 2009  
Transaction ID: INC.A.11734  
Amount of Each Receipt this Period: 1500.00  
Amount of Each Receipt this Period: 1750.00

**B.** Full Name (Last, First, Middle Initial)  
Jose Moncada  
Mailing Address 920 West Alisal Street  
City Salinas State CA Zip Code 93901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JM Electric Occupation Electrician  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
Date of Receipt: 07 / 10 / 2009  
Transaction ID: INC.A.11325  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Morongo Band of Mission Indians Native American Right Fund  
Mailing Address 11581 Potrero Road  
City Banning State CA Zip Code 92220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
Date of Receipt: 09 / 30 / 2009  
Transaction ID: INC.A.11733  
Amount of Each Receipt this Period: 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) Kate Moss	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 1626 Foxhall Road, NW	<b>Transaction ID:</b> INC.A.11366
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert E. Moss	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 1133 Connecticut Ave., NW, 5th Flr	<b>Transaction ID:</b> INC.A.11365
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bob Moss Associates Owner Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Murai	Date of Receipt MM / DD / YYYY 09 / 28 / 2009
	Mailing Address P. O. Box 269	<b>Transaction ID:</b> NON.A.11711
	City State Zip Code Watsonville CA 95077	Amount of Each Receipt this Period 1195.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cal Strawberry Commission President Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1195.47

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1695.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

C. Form/Schedule : **SA11AI**

In-Kind Contribution

Transaction ID : **NON.A.11711**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 79  
(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)  
Constance Murray

Mailing Address 10 Oak Meadow Lane

City State Zip Code  
Carmel Valley CA 93924

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** INC.A.11661

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Neil T. Nagata

Mailing Address 4617 North River Road

City State Zip Code  
San Luis Rey CA 92068

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

Name of Employer Nagata Brothers Farms Occupation Chief Executive Officer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** INC.A.11736

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 9 9th Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Stewart & Stewart Occupation Communication Advisor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

**Transaction ID:** INC.A.11729

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 79  
(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)  
Matthew J. Olin

Mailing Address 25660 Shafter Way

City State Zip Code  
Carmel CA 93923

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

Name of Employer Occupation  
Sierra Instruments Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.11523

Amount of Each Receipt this Period  
2300.00

**B.** Full Name (Last, First, Middle Initial)  
John G. Olin

Mailing Address 46 La Rancheria

City State Zip Code  
Carmel Valley CA 93924

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

Name of Employer Occupation  
Sierra Instruments, Inc. Chief Executive Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

**Transaction ID:** INC.A.11743

Amount of Each Receipt this Period  
2300.00

**C.** Full Name (Last, First, Middle Initial)  
Robert T. Perkins

Mailing Address 27570 Mooncrest Drive

City State Zip Code  
Carmel CA 93923

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

**Transaction ID:** INC.A.11692

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4900.00**

**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 / 79  
(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)  
Joseph G. Pickard  
Mailing Address 47-433 Hui Io Street  
City Kaneohe State HI Zip Code 96744  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Environet, Inc. Occupation President  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00  
Date of Receipt 09 / 15 / 2009  
Transaction ID: INC.A.11672  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Bill Press  
Mailing Address 217 8th Street, SE  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bill Press Partners LLC Occupation Broadcaster/Writer  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00  
Date of Receipt 07 / 29 / 2009  
Transaction ID: INC.A.11369  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen B. Richer  
Mailing Address P.O. Box 7156  
City Gulfport State MS Zip Code 39506  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Tour Association Occupation Public Affairs Advocate  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
350.00  
Date of Receipt 07 / 29 / 2009  
Transaction ID: INC.A.11370  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**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 / 79  
(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)  
Bob Roberts

Mailing Address 435 Marion Avenue

City State Zip Code  
Mill Valley CA 94941

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

Name of Employer Occupation  
California Ski Industry Association Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

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

**Transaction ID:** INC.A.11664

Amount of Each Receipt this Period  
250.00

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

Mailing Address 47225 Highway One

City State Zip Code  
Big Sur CA 93920

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

Name of Employer Occupation  
Big Sur Lodge General Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	9

**Transaction ID:** INC.A.11328

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
James W. Rock

Mailing Address 517 C Street, NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Parry, Romani, DeConcini & Symms Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	0	9

**Transaction ID:** INC.A.11372

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 24 / 79  
(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)  
Robert I. Schramm

Mailing Address 117 6th Street, NE

City Washington State DC Zip Code 20002

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

Name of Employer Williams & Associates Occupation Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2009  
**Transaction ID: INC.A.11373**  
 Amount of Each Receipt this Period 250.00

**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: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2009  
**Transaction ID: INC.A.11532**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
M. Brewster Smith

Mailing Address 3400 Paul Sweet Road, #B-203

City Santa Cruz State CA Zip Code 95060

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 08 / 05 / 2009  
**Transaction ID: INC.A.11480**  
 Amount of Each Receipt this Period 150.00

**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: PAGE 25 / 79  
(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)  
M. Brewster Smith

Mailing Address 3400 Paul Sweet Road, #B-203

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

**Transaction ID:** INC.A.11580

Amount of Each Receipt this Period  
150.00

300.00

**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 Self-Employed Occupation Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

**Transaction ID:** INC.A.11538

Amount of Each Receipt this Period  
250.00

350.00

**C.** Full Name (Last, First, Middle Initial)  
Kelley Stanley

Mailing Address P. O. Box 463

City State Zip Code  
Monterey CA 93942

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

Name of Employer Self-Employed Occupation Graphic Designer

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	9

**Transaction ID:** INC.A.11643

Amount of Each Receipt this Period  
1000.00

1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

**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 / 79  
(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)  
Ray Stewart

Mailing Address 26289 Isabella Avenue

City State Zip Code  
Carmel CA 93923

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

Name of Employer Self-Employed Occupation  
Dentist

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

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2009

**Transaction ID:** INC.A.11377

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1027 Broad Branch Court

City State Zip Code  
McLean VA 22101

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

Name of Employer IGR Group Occupation  
Senior Vice President

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

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2009

**Transaction ID:** INC.A.11349

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Uyematsu

Mailing Address 591 Iris Drive

City State Zip Code  
Watsonville CA 95076

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

Name of Employer Uyematsu Farms Occupation  
Owner

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

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

**Transaction ID:** INC.A.11737

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 79  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Craig Venable</p> <p>Mailing Address 123 Meadow Road</p> <p>City State Zip Code <b>Santa Cruz CA 95060</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Cooley Godward Kronish LLP      Occupation: Attorney</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID: INC.A.11389</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Thomas P. Walters</p> <p>Mailing Address 3808 Colonial Avenue</p> <p>City State Zip Code <b>Alexandria VA 22309</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Thomas Walters &amp; Associates, Inc.      Occupation: Government Relations</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID: INC.A.11381</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jim Warner</p> <p>Mailing Address 215 Trescony Street</p> <p>City State Zip Code <b>Santa Cruz CA 95060</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Cal State University, Santa Cruz      Occupation: Network Engineer</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID: INC.A.11635</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 79  
(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)  
John S. Warriner

Mailing Address 79 Puffin Lane

City Watsonville State CA Zip Code 95076

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2009  
**Transaction ID:** INC.A.11547  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Linda J. Wilshusen

Mailing Address 1115 Liveoak Avenue

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: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2009  
**Transaction ID:** INC.A.11696  
 Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Linda J. Wilshusen

Mailing Address 1115 Liveoak Avenue

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: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2009  
**Transaction ID:** INC.A.11749  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 / 79  
(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)  
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 Self-Employed Occupation  
Self-Employed Producer

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

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** INC.A.11330

Amount of Each Receipt this Period  
1000.00

Election Cycle-to-Date 3500.00

**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 Self-Employed Occupation  
Self-Employed Producer

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

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2009

**Transaction ID:** INC.A.11673

Amount of Each Receipt this Period  
1400.00

Election Cycle-to-Date 3500.00

**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 Self-Employed Occupation  
Self-Employed Producer

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

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2009

**Transaction ID:** INC.A.11674

Amount of Each Receipt this Period  
1100.00

Election Cycle-to-Date 3500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 79  
(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)  
Marsha 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 Occupation  
Retired Retired

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2009

Transaction ID: INC.A.11697

Amount of Each Receipt this Period  
250.00

250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40958.86

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

Use separate schedule(s)  
for each category of the  
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(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)  
Action Committee for Rural Electrification  
Mailing Address 4301 Wilson Blvd.  
City Arlington State VA Zip Code 22203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: 09 / 30 / 2009  
Transaction ID: INC.A.11760  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Agri-Mark Legislation & Education Committee  
Mailing Address P.O. Box 5800  
City Lawrence State MA Zip Code 01842  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00  
Date of Receipt: 07 / 29 / 2009  
Transaction ID: INC.A.11350  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Aircraft Owners and Pilots Association PAC  
Mailing Address 421 Aviation Way  
City Frederick State MD Zip Code 21701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt: 08 / 03 / 2009  
Transaction ID: INC.A.11376  
Amount of Each Receipt this Period: 500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 79  
(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)  
American Airlines PAC  
Mailing Address 1101 17th Street, NW, #600

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2009

**Transaction ID:** INC.A.11351

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
American Association for Justice PAC (AAJ PAC)  
Mailing Address 777 6th Street, NW, Suite 200

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2009

**Transaction ID:** INC.A.11352

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
American Crystal Sugar 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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2009

**Transaction ID:** INC.A.11703

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6750.00**

**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  
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(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)  
American Federation of State, County & Municipal Employees AFL-CIO PEOPLE  
 Mailing Address 1625 L Street, NW  
 City Washington State DC Zip Code 20036  
 Date of Receipt MM / DD / YYYY 07 / 10 / 2009  
**Transaction ID:** INC.A.11321  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
American Nurses Association PAC  
 Mailing Address 8515 Georgia Avenue, Suite 400  
 City Silver Spring State MD Zip Code 20910  
 Date of Receipt MM / DD / YYYY 07 / 06 / 2009  
**Transaction ID:** INC.A.11302  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
American Optometric Association PAC  
 Mailing Address 1505 Prince Street, Suite 300  
 City Alexandria State VA Zip Code 22314  
 Date of Receipt MM / DD / YYYY 09 / 30 / 2009  
**Transaction ID:** INC.A.11725  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 79  
(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)  
American Physical Therapy Association 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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** INC.A.11706

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
American Society of Association Executives PAC  
Mailing Address 1575 I Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

**Transaction ID:** INC.A.11721

Amount of Each Receipt this Period  
1000.00

**C.** 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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 1 0 / 2 0 0 9

**Transaction ID:** INC.A.11322

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 79  
(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)  
American Veterinary Medical Association PAC (AVMA PAC)  
Mailing Address 1910 Sunderland Place, NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 17 / 2009

**Transaction ID:** INC.A.11682

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
AT&T, Inc. Federal PAC  
Mailing Address 208 S. Akard Street, Suite 3521

City State Zip Code  
Dallas TX 75202

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 04 / 2009

**Transaction ID:** INC.A.11382

Amount of Each Receipt this Period  
1000.00

**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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 04 / 2009

**Transaction ID:** INC.A.11383

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 79  
(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)  
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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** INC.A.11761

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Boeing Political Action Committee Federal

Mailing Address 1220 Wilson Blvd.

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID:** INC.A.11707

Amount of Each Receipt this Period  
1000.00

**C.** 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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** INC.A.11724

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 79  
(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 Dairies, Inc. Federal PAC  
Mailing Address P.O. Box 2198

City State Zip Code  
Los Banos CA 93635

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

**Transaction ID:** INC.A.11722  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Committee on Letter Carriers Political Education, National Assn of Letter Carriers  
Mailing Address 100 Indiana Avenue, NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

**Transaction ID:** INC.A.11727  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
CONPAC/Conference of Nat'l Parks Concessioner  
Mailing Address 7628 Huntmaster Lane

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	9

**Transaction ID:** INC.A.11323  
 Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 79  
(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)  
Friends of the Earth, Inc. PAC

Mailing Address 1717 Massachusetts Ave., NW, #600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2009  
**Transaction ID:** INC.A.11357  
 Amount of Each Receipt this Period 500.00

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

Mailing Address 2600 South Euclid Avenue

City Bay City State MI Zip Code 48706

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 11 / 2009  
**Transaction ID:** INC.A.11461  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
International Association of Fire Fighters (FIREPAC)

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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** INC.A.11726  
 Amount of Each Receipt this Period 1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 79  
(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)  
Laborers' International Union of North America (LIUNA) PAC

Mailing Address 905 16th Street, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2009

**Transaction ID:** INC.A.11658

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 7525 Red River Road

City State Zip Code  
Wahpeton ND 58075

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2009

**Transaction ID:** INC.A.11723

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
National Committee to Preserve Social Security & Medicare PAC

Mailing Address 10 G Street, NE, Suite 600

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2009

**Transaction ID:** INC.A.11367

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 79  
(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)  
NCPA PAC-National Community Pharmacists Association PAC

Mailing Address 100 Dangerfield Road

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

**Transaction ID:** INC.A.11730

Amount of Each Receipt this Period  
1000.00

**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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 9 / 2 0 0 9

**Transaction ID:** INC.A.11368

Amount of Each Receipt this Period  
500.00

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

Mailing Address 202 San Jose Avenue

City State Zip Code  
Capitola CA 95010

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

**Transaction ID:** INC.A.11619

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 79  
(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)  
Pacific Life Insurance Company PAC

Mailing Address 700 Newport Center Drive

City State Zip Code  
Newport Beach CA 92660

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 4 / 2 0 0 9

**Transaction ID:** INC.A.11385

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
PEACH-PAC California Canning Peach Association PAC

Mailing Address 2300 River Plaza Drive, Suite 110

City State Zip Code  
Sacramento CA 95833

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

**Transaction ID:** INC.A.11719

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Political Action Comm. of the American Assn. of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 1 / 2 0 0 9

**Transaction ID:** INC.A.11342

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 79  
(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)  
Realtors Political Action Committee (RPAC)  
Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 0 2 / 2 0 0 9  
**Transaction ID:** INC.A.11623  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Sempra Energy Employees Federal PAC  
Mailing Address 101 Ash Street, HQ15B

City State Zip Code  
San Diego CA 92101

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9  
**Transaction ID:** INC.A.11762  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Syngenta Corporation PAC  
Mailing Address 2 Righter Parkway

City State Zip Code  
Wilmington DE 19850

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9  
**Transaction ID:** INC.A.11720  
 Amount of Each Receipt this Period  
 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 79  
(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)  
The Amalgamated Sugar Company LLC PAC  
 Mailing Address 3184 Elder Street  
 City State Zip Code  
Boise ID 83705  
 Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2009  
**Transaction ID:** INC.A.11681  
 Amount of Each Receipt this Period  
1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
UAW Voluntary Community Action Program (UAW V CAP)  
 Mailing Address 8000 East Jefferson Avenue  
 City State Zip Code  
Detroit MI 48214  
 Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2009  
**Transaction ID:** INC.A.11642  
 Amount of Each Receipt this Period  
1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
United Parcel Service Political Action Committee (UPSPAC)  
 Mailing Address 55 Glenlake Parkway, NE  
 City State Zip Code  
Atlanta GA 30328  
 Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2009  
**Transaction ID:** INC.A.11378  
 Amount of Each Receipt this Period  
500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 79  
(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)  
United Parcel Service Political Action Committee (UPSPAC)  
Mailing Address 55 Glenlake Parkway, NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID:** INC.A.11764  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
United Parcel Service Political Action Committee (UPSPAC)  
Mailing Address 55 Glenlake Parkway, NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID:** INC.A.11763  
 Amount of Each Receipt this Period: 1000.00

**C.** 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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID:** INC.A.11728  
 Amount of Each Receipt this Period: 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 79
	(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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) Wowak for Sheriff 2010		Date of Receipt
	Mailing Address P. O. Box 1531		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Capitola	CA	95010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼			
			Transaction ID: INC.A.11640
			Amount of Each Receipt this Period
			<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="45350.00"/>

A. Form/Schedule : **SA11C**

Federally Permissible Funds

Transaction ID : **INC.A.11640**

# 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 47 / 79

<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) ActBlue  Mailing Address P.O. Box 382110  City Cambridge State MA Zip Code 02238  Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11700 Date of Disbursement 09 / 24 / 2009  Amount of Each Disbursement this Period 3.06  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) ActBlue  Mailing Address P.O. Box 382110  City Cambridge State MA Zip Code 02238  Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11756 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 0.35  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) ActBlue  Mailing Address P.O. Box 382110  City Cambridge State MA Zip Code 02238  Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11715 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 220.68  001 Category/ Type

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

224.09

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) ActBlue  Mailing Address P.O. Box 382110  City Cambridge State MA Zip Code 02238  Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11754 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 2.70  001 Category/ Type	
B.	Full Name (Last, First, Middle Initial) ActBlue  Mailing Address P.O. Box 382110  City Cambridge State MA Zip Code 02238  Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11713 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 8.52  001 Category/ Type	
C.	Full Name (Last, First, Middle Initial) ActBlue  Mailing Address P.O. Box 382110  City Cambridge State MA Zip Code 02238  Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11758 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 4.87  001 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	





# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.

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

Transaction ID: EXP.B.11704  
Date of Disbursement

Mailing Address Payment Center

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

City State Zip Code  
Sacramento CA 95887

Amount of Each Disbursement this Period

Purpose of Disbursement  
Phones

001
Category/ Type

207.64
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
ClickandPledge.com

Transaction ID: EXP.B.11318  
Date of Disbursement

Mailing Address 2200 Kraft Drive, Suite 1175

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	9

City State Zip Code  
Blacksburg VA 24060

Amount of Each Disbursement this Period

Purpose of Disbursement  
Processing Fee

001
Category/ Type

5.00
------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ClickandPledge.com

Transaction ID: EXP.B.11386  
Date of Disbursement

Mailing Address 2200 Kraft Drive, Suite 1175

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	9

City State Zip Code  
Blacksburg VA 24060

Amount of Each Disbursement this Period

Purpose of Disbursement  
Processing Fee

001
Category/ Type

41.80
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

254.44
--------

**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) ClickandPledge.com	Transaction ID: EXP.B.11481 Date of Disbursement
	Mailing Address 2200 Kraft Drive, Suite 1175	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Blacksburg State VA Zip Code 24060	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Candidate Name	<input type="text" value="54.72"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) ClickandPledge.com	Transaction ID: EXP.B.11645 Date of Disbursement
	Mailing Address 2200 Kraft Drive, Suite 1175	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Blacksburg State VA Zip Code 24060	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Candidate Name	<input type="text" value="59.45"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) ClickandPledge.com	Transaction ID: EXP.B.11698 Date of Disbursement
	Mailing Address 2200 Kraft Drive, Suite 1175	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Blacksburg State VA Zip Code 24060	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Candidate Name	<input type="text" value="71.13"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="185.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) ClickandPledge.com  Mailing Address 2200 Kraft Drive, Suite 1175  City Blacksburg State VA Zip Code 24060 Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11742 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 140.66  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) ClickandPledge.com  Mailing Address 2200 Kraft Drive, Suite 1175  City Blacksburg State VA Zip Code 24060 Purpose of Disbursement Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11741 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 9.35  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Edward Anderson dba Automated Mailing Services  Mailing Address P.O. Box 1906  City Monterey State CA Zip Code 93940 Purpose of Disbursement Fundraising Mail Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11379 Date of Disbursement 08 / 05 / 2009  Amount of Each Disbursement this Period 2206.65  003 Category/ Type

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

2356.66

**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)  
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.11482  
Date of Disbursement

08 / 24 / 2009

Amount of Each Disbursement this Period

709.43

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

Mailing Address P.O. Box 7221

City Pasadena State CA Zip Code 91109

Purpose of Disbursement  
Shipping

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.11332  
Date of Disbursement

07 / 21 / 2009

Amount of Each Disbursement this Period

80.38

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

Mailing Address P.O. Box 7221

City Pasadena State CA Zip Code 91109

Purpose of Disbursement  
Shipping

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.11483  
Date of Disbursement

08 / 24 / 2009

Amount of Each Disbursement this Period

83.98

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

873.79

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lucie Gikovich <hr/> Mailing Address 514 Seward Square, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Reception Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> NON.B.11375 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1113.39
<b>B.</b>	Full Name (Last, First, Middle Initial) Martella Printing <hr/> Mailing Address 324 Lincoln Avenue <hr/> City Salinas State CA Zip Code 93901 <hr/> Purpose of Disbursement Fundraising Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.11699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 572.61
<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Murai <hr/> Mailing Address P. O. Box 269 <hr/> City Watsonville State CA Zip Code 95077 <hr/> Purpose of Disbursement Food & Beverages for Fundraising Event Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> NON.B.11711 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1195.47

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2881.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SB17**  
Transaction ID : **NON.B.11375**

In-Kind Contribution

C. Form/Schedule : **SB17**  
Transaction ID : **NON.B.11711**

In-Kind Contribution

# 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.11312  
Date of Disbursement

Mailing Address 30 Ivy Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

974.33
--------

Purpose of Disbursement  
Fundraising Catering

003
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Category/  
Type

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.11333  
Date of Disbursement

Mailing Address 30 Ivy Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

40.00
-------

Purpose of Disbursement  
Membership Dues

001
-----

Category/  
Type

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.11488  
Date of Disbursement

Mailing Address 30 Ivy Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

40.00
-------

Purpose of Disbursement  
Membership Dues

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1054.33
---------

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) National Democratic Club  Mailing Address 30 Ivy Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Membership Dues Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11675 Date of Disbursement 09 / 18 / 2009  Amount of Each Disbursement this Period 80.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Olson, Hagel & Fishburn, LLP  Mailing Address 555 Capitol Mall, Suite 1425  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Legal & Reporting Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11320 Date of Disbursement 07 / 15 / 2009  Amount of Each Disbursement this Period 1417.61  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Olson, Hagel & Fishburn, LLP  Mailing Address 555 Capitol Mall, Suite 1425  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Legal & Reporting Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11462 Date of Disbursement 08 / 14 / 2009  Amount of Each Disbursement this Period 2666.40  001 Category/ Type

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

4164.01

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Olson, Hagel & Fishburn, LLP  Mailing Address 555 Capitol Mall, Suite 1425  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Legal & Reporting Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.11666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 9  <b>Amount of Each Disbursement this Period</b> 2288.91  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Tempel dba Tempel's of Carmel Florist  Mailing Address 3604 The Barnyard  City Carmel State CA Zip Code 93923  Purpose of Disbursement Flowers for Constituents Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.11311 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 9  <b>Amount of Each Disbursement this Period</b> 134.18  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia Tempel dba Tempel's of Carmel Florist  Mailing Address 3604 The Barnyard  City Carmel State CA Zip Code 93923  Purpose of Disbursement Flowers for Constituents Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.11590 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 9  <b>Amount of Each Disbursement this Period</b> 71.39  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2494.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) South County Newspapers <hr/> Mailing Address P.O. Box 710 <hr/> City King City State CA Zip Code 93930 <hr/> Purpose of Disbursement Newspaper Advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11317 Date of Disbursement 07 / 13 / 2009	Amount of Each Disbursement this Period 139.00
B.	Full Name (Last, First, Middle Initial) The Frost Group, LLC <hr/> Mailing Address 3422 Porter Street, NW <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11346 Date of Disbursement 07 / 31 / 2009	Amount of Each Disbursement this Period 3500.00
C.	Full Name (Last, First, Middle Initial) The Frost Group, LLC <hr/> Mailing Address 3422 Porter Street, NW <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement Fundraising Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11485 Date of Disbursement 08 / 26 / 2009	Amount of Each Disbursement this Period 167.20

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

**3806.20**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) The Frost Group, LLC  Mailing Address 3422 Porter Street, NW  City Washington State DC Zip Code 20016  Purpose of Disbursement Fundraising 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.11484 Date of Disbursement 08 / 26 / 2009  Amount of Each Disbursement this Period 58.14  003 Category/Type
B.	Full Name (Last, First, Middle Initial) The Frost Group, LLC  Mailing Address 3422 Porter Street, NW  City Washington State DC Zip Code 20016  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.11487 Date of Disbursement 08 / 31 / 2009  Amount of Each Disbursement this Period 3500.00  003 Category/Type
C.	Full Name (Last, First, Middle Initial) The Frost Group, LLC  Mailing Address 3422 Porter Street, NW  City Washington State DC Zip Code 20016  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.11710 Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 3500.00  003 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7058.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement 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.11301 Date of Disbursement 07 / 01 / 2009  Amount of Each Disbursement this Period 30.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement 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.11338 Date of Disbursement 07 / 21 / 2009  Amount of Each Disbursement this Period 150.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Constant Contact, Inc.  Mailing Address 1601 Trapelo Road, Suite 246  City Waltham State MA Zip Code 02451  Purpose of Disbursement Internet Services Candidate Name  Office Sought: <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.33 Date of Disbursement 06 / 30 / 2009  Amount of Each Disbursement this Period 150.00  001 Category/ Type  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Food & Beverages for Constituents Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.11334 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">12.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	1		2	0	0	9													
B.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Storage Rental Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.11341 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">92.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	1		2	0	0	9													
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 <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EDT.B.86 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">92.00</div> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	1		2	0	0	9													

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; width: 100%;">104.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

A. Form/Schedule : **SB17**

Does not aggregate over \$200.

Transaction ID : **EXP.B.11334**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Shipping Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.11336 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">12.67</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	1		2	0	0	9													
B.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Banners Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">006</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.11340 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">388.13</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	1		2	0	0	9													
C.	Full Name (Last, First, Middle Initial) Trucksis Enterprises, Inc.  Mailing Address 2700 Garden Road, G2  City Monterey State CA Zip Code 93940  Purpose of Disbursement Banners Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">006</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EDT.B.87 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">388.13</div> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	1		2	0	0	9													

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">400.80</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>



A. Form/Schedule : **SB17**

Does not aggregate over \$200.

Transaction ID : **EXP.B.11336**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement 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.11460 Date of Disbursement 08 / 01 / 2009  Amount of Each Disbursement this Period 51.50  001 Category/ Type	
B.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement 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.11467 Date of Disbursement 08 / 17 / 2009  Amount of Each Disbursement this Period 92.00  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.91 Date of Disbursement 08 / 17 / 2009  Amount of Each Disbursement this Period 92.00  001 Category/ Type  <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	143.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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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  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Internet Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11465 Date of Disbursement 08 / 17 / 2009  Amount of Each Disbursement this Period 150.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Constant Contact, Inc.  Mailing Address 1601 Trapelo Road, Suite 246  City Waltham State MA Zip Code 02451  Purpose of Disbursement Internet Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDT.B.89 Date of Disbursement 08 / 17 / 2009  Amount of Each Disbursement this Period 150.00  001 Category/ Type  <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Food & Beverages for Constituents Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11464 Date of Disbursement 08 / 17 / 2009  Amount of Each Disbursement this Period 200.00  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) Capitol Host, Inc.	Transaction ID: EDT.B.88 Date of Disbursement 08 / 17 / 2009
	Mailing Address Rayburn House Office Bldg., Room B	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20515	
	Purpose of Disbursement Food & Beverages for Constituents Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: EXP.B.11466 Date of Disbursement 08 / 17 / 2009
	Mailing Address 621 Capitol Mall, Suite 800	Amount of Each Disbursement this Period 231.92
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: EDT.B.90 Date of Disbursement 08 / 17 / 2009
	Mailing Address 1550 Canyon Del Rey Blvd.	Amount of Each Disbursement this Period 231.92
	City Seaside State CA Zip Code 93955	
	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	231.92
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement 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.11588 Date of Disbursement 09 / 01 / 2009  Amount of Each Disbursement this Period 30.30  001 Category/ Type	
B.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address 621 Capitol Mall, Suite 800  City Sacramento State CA Zip Code 95814  Purpose of Disbursement 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.11679 Date of Disbursement 09 / 21 / 2009  Amount of Each Disbursement this Period 221.00  003 Category/ Type	
C.	Full Name (Last, First, Middle Initial) U.S. Postmaster  Mailing Address 565 Hartnell Street  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: EDT.B.94 Date of Disbursement 09 / 21 / 2009  Amount of Each Disbursement this Period 221.00  003 Category/ Type  <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	251.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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.11678 Date of Disbursement																			
	Mailing Address 621 Capitol Mall, Suite 800	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Shipping Candidate Name	<table border="1"><tr><td>11.99</td></tr></table>	11.99																		
11.99																					
	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) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: EXP.B.11676 Date of Disbursement																			
	Mailing Address 621 Capitol Mall, Suite 800	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Services Candidate Name	<table border="1"><tr><td>264.95</td></tr></table>	264.95																		
264.95																					
	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) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Constant Contact, Inc.	Transaction ID: EDT.B.92 Date of Disbursement																			
	Mailing Address 1601 Trapelo Road, Suite 246	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	0	9												
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Services Candidate Name	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	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) ▼																			
		001 Category/Type																			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>276.94</td></tr></table>	276.94
276.94		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

A. Form/Schedule : **SB17**

Does not aggregate over \$200.

Transaction ID : **EXP.B.11678**

# 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.11680  
Date of Disbursement

Mailing Address 621 Capitol Mall, Suite 800

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

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

Purpose of Disbursement  
Storage Rental

001
Category/ Type

92.00
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

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

Transaction ID: EDT.B.95  
Date of Disbursement

Mailing Address 847 Airport Road

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

City Monterey State CA Zip Code 95814

Amount of Each Disbursement this Period

Purpose of Disbursement  
Storage Rental

001
Category/ Type

92.00
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

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

Transaction ID: EXP.B.11677  
Date of Disbursement

Mailing Address 621 Capitol Mall, Suite 800

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

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office Supplies

001
Category/ Type

110.81
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

202.81

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1550 Canyon Del Rey Blvd.</p> <p>City Seaside State CA Zip Code 93955</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EDT.B.93</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="110.81"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Will, Plasha</p> <p>Mailing Address 325 Hannon Avenue</p> <p>City Monterey State CA Zip Code 93940</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.11314</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1022.50"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Will, Plasha</p> <p>Mailing Address 325 Hannon Avenue</p> <p>City Monterey State CA Zip Code 93940</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.11345</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>

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

**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) Will, Plasha  Mailing Address 325 Hannon Avenue  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11380 Date of Disbursement 08 / 05 / 2009  Amount of Each Disbursement this Period 557.50  003 Category/ Type
B.	Full Name (Last, First, Middle Initial) Will, Plasha  Mailing Address 325 Hannon Avenue  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11486 Date of Disbursement 08 / 31 / 2009  Amount of Each Disbursement this Period 3000.00  003 Category/ Type
C.	Full Name (Last, First, Middle Initial) Will, Plasha  Mailing Address 325 Hannon Avenue  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.11586 Date of Disbursement 09 / 03 / 2009  Amount of Each Disbursement this Period 976.25  003 Category/ Type

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

4533.75

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 79

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.

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

Mailing Address 325 Hannon Avenue

City Monterey State CA Zip Code 93940

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.11709  
Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

3000.00

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

3000.00

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

39593.18

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A.</b>	Full Name (Last, First, Middle Initial) Committee for a Livable Future  Mailing Address 830 NE Holladay Street  City Portland State OR Zip Code 97232  Purpose of Disbursement Contribution Candidate Name Committee for a Livable Future  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.11316 Date of Disbursement 07 / 13 / 2009  Amount of Each Disbursement this Period 2500.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee  Mailing Address 430 South Capitol Street, SE, 2nd  City Washington State DC Zip Code 20003  Purpose of Disbursement Excess Campaign Funds to National Party Candidate Name Democratic Congressional Campaign Committee  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.11708 Date of Disbursement 09 / 29 / 2009  Amount of Each Disbursement this Period 25000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Salinas Valley Democratic Club  Mailing Address 931 E. Market Street  City Salinas State CA Zip Code 93905  Purpose of Disbursement Contribution Candidate Name Salinas Valley Democratic Club  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.11589 Date of Disbursement 09 / 08 / 2009  Amount of Each Disbursement this Period 1000.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	28500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	28500.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Farr

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Boots Road Communication			Nature of Debt (Purpose): Website Services
Mailing Address 455 Del Rey Oaks Blvd., #257			
City Del Rey Oaks	State CA	ZIP Code 93940	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:11716</b>	
Amount Incurred This Period <input type="text" value="259.38"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="259.38"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> National Democratic Club			Nature of Debt (Purpose): Fundraising Catering
Mailing Address 30 Ivy Street, SE			
City Washington	State DC	ZIP Code 20003	

Outstanding Balance Beginning This Period <input type="text" value="974.33"/>		<b>Transaction ID: PAY:D:11309</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="974.33"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="12.00"/>		<b>Transaction ID: PAY:D:11306</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="12.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="259.38"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Farr

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

Outstanding Balance Beginning This Period		Transaction ID: PAY:D:11307	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	150.00	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID: PAY:D:11308	
12.67			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	12.67	0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Will, Plasha			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 325 Hannon Avenue			
City	State	ZIP Code	
Monterey	CA	93940	

Outstanding Balance Beginning This Period		Transaction ID: PAY:D:11310	
1022.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1022.50	0.00	

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

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

(Use separate schedule(s) for each numbered line)	PAGE 79 / 79
	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 Will, Plasha			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 325 Hannon Avenue			
City Monterey	State CA	ZIP Code 93940	

Outstanding Balance Beginning This Period		<b>Transaction ID: PAY:D:11773</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2016.72	0.00	2016.72	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2016.72
2) <b>TOTALS</b> This Period (last page this line number only).....	2276.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	2276.10