



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Farr

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	28263.00	651205.01
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2370.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28263.00	648835.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	88525.86	500784.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1076.04
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	88525.86	499708.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	63622.08	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	783.46	

**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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

13644.00

173126.15

(ii) Unitemized.....

1519.00

70010.00

(iii) TOTAL of contributions

15163.00

243136.15

from individuals..... ▶

0.00

55.15

(b) Political Party Committees.....

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

13100.00

408013.71

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

28263.00

651205.01

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

1076.04

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

16.53

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

28263.00

652297.58

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	88525.86	500784.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2295.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	75.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2370.00
21. OTHER DISBURSEMENTS.....	100.00	238925.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	88625.86	742079.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	123984.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	28263.00
25. SUBTOTAL (add Line 23 and Line 24).....	152247.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	88625.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	63622.08

# 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 5 / 22
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Brissenden		Date of Receipt
	Mailing Address 14255 Highway 88		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Hope Valley	CA	96120
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.10789
Name of Employer Sorensen's Resort		Occupation Partner	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1550.00
		<input type="text"/> 2300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Brissenden		Date of Receipt
	Mailing Address 14255 Highway 88		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Hope Valley	CA	96120
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.10790
Name of Employer Sorensen's Resort		Occupation Partner	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1550.00
		<input type="text"/> 3800.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jason K. Burnett		Date of Receipt
	Mailing Address P.O. Box 5715		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Carmel	CA	93921
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.10792
Name of Employer Unemployed		Occupation Unemployed	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="text"/> 2300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5400.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22  
(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
							15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.**

Full Name (Last, First, Middle Initial)  
Nancy Burnett

Mailing Address 490 Grove Acre

City State Zip Code  
Pacific Grove CA 93950

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

Name of Employer Nancy Burnett, Biologist Occupation Biologist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

**Transaction ID:** INC.A.10791

Amount of Each Receipt this Period  
2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Jean L. Draper

Mailing Address P.O. Box 215

City State Zip Code  
Carmel CA 93921

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

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

**Transaction ID:** INC.A.10794

Amount of Each Receipt this Period  
150.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Allan J. Goodman

Mailing Address P.O. Box 34577

City State Zip Code  
Los Angeles CA 90034

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

Name of Employer State of California Occupation Judge

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

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

**Transaction ID:** INC.A.10798

Amount of Each Receipt this Period  
75.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2525.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22  
(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)  
Brent Haddad

Mailing Address 113 Claremont Terrace

City State Zip Code  
Santa Cruz CA 95060

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

Name of Employer Occupation  
University of California Professor  
Santa Cruz

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** INC.A.10824

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Claudia M. James

Mailing Address 3167 19th Street North

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** INC.A.10746

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
David H. Morrison

Mailing Address 960 Towlston Road

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation  
Podesta Group Principal

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** INC.A.10753

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<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) Bert Muhly	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 717 Walnut Avenue	<b>Transaction ID:</b> INC.A.10711
	City State Zip Code Santa Cruz CA 95060	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rowland Rebele	Date of Receipt MM / DD / YYYY 10 / 13 / 2008
	Mailing Address 323 Kingsburg Drive	<b>Transaction ID:</b> INC.A.10826
	City State Zip Code Aptos CA 95003	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Rowland Rebele Consulting, Inc. Occupation Consultant Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ray Roeder	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 5100 Coe Avenue	<b>Transaction ID:</b> INC.A.11023
	City State Zip Code Seaside CA 93955	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer RINC Diversified-AP Occupation Owner Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3050.00
<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: (check only one)	PAGE 9 / 22
	<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) Michael Rucka	Date of Receipt MM / DD / YYYY 10 / 13 / 2008
	Mailing Address 245 W. Laurel Drive	<b>Transaction ID:</b> INC.A.10842
	City State Zip Code Salinas CA 93906	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Rucka, O'Boyle, Lombardo & McKenna Attorney	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sidney Sue Slade	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 21 Jet Lane	<b>Transaction ID:</b> INC.A.10809
	City State Zip Code Carmel Valley CA 93924	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Sidney Sue Slade, CPA Certified Public Accountant	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Beth E. Sterten	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 27080 Meadows Road	<b>Transaction ID:</b> INC.A.10712
	City State Zip Code Carmel CA 93923	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<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: <span style="float: right;">PAGE 10 / 22</span>
	(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) Janet N. Swords	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 26359 River Park Place	<b>Transaction ID:</b> INC.A.10812
	City State Zip Code Carmel CA 93923	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) J. Daniel Tibbitts	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 25835 Hatton Road	<b>Transaction ID:</b> INC.A.10813
	City State Zip Code Carmel CA 93923	Amount of Each Receipt this Period 99.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 348.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan Wittwer	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 1927 Smith Grade	<b>Transaction ID:</b> INC.A.10815
	City State Zip Code Santa Cruz CA 95060	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Wittwer & Parker Occupation Attorney Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1169.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13644.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 22  
(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 Hospital Association PAC

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 10 / 09 / 2008  
Transaction ID: INC.A.10782  
Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
California Dairies, Inc. Federal PAC

Mailing Address P.O. Box 2198

City Los Banos State CA Zip Code 93635

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 08 / 2008  
Transaction ID: INC.A.10820  
Amount of Each Receipt this Period: 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Farm Credit PAC

Mailing Address 50 F Street, NW, Suite 900

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 10 / 08 / 2008  
Transaction ID: INC.A.10795  
Amount of Each Receipt this Period: 4000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7500.00**

**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 12 / 22  
(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)  
Service Employees International Union Committee on Political Education (SEIU COPE)  
Mailing Address 1800 Massachusetts Avenue, NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2008

**Transaction ID:** INC.A.10781

Amount of Each Receipt this Period  
1600.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sierra Club Political Committee  
Mailing Address 85 Second Street, Second Floor

City State Zip Code  
San Francisco CA 94105-344

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1020.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2008

**Transaction ID:** INC.A.10808

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sunkist Growers Inc. PAC  
Mailing Address 14130 Riverside Drive

City State Zip Code  
Sherman Oaks CA 91413

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2008

**Transaction ID:** INC.A.10757

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

**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 13 / 22  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Farr

**A.**

Full Name (Last, First, Middle Initial)  
United Airlines, Inc. Political Action Committee

Mailing Address P.O. Box 66423

City State Zip Code  
Chicago IL 60666

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** INC.A.10758

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Weyerhaeuser PAC

Mailing Address 1100 Connecticut Avenue, NW, #530

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** INC.A.10827

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13100.00



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Farr

A.

Full Name (Last, First, Middle Initial)  
Fortune Media, Inc.

Mailing Address 527 Avenue B

City Redondo Beach State CA Zip Code 90277

Purpose of Disbursement  
Television Advertisement

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP.B.10785  
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

36006.33

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

B.

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

Mailing Address 908 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Campaign Consulting

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP.B.10786  
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

10000.00

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

C.

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

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraising Catering

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP.B.10765  
Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

486.83

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

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

46493.16

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 16 / 22

<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.10784 <b>Date of Disbursement</b> 10 / 15 / 2008  Amount of Each Disbursement this Period 3878.92  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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.10739 <b>Date of Disbursement</b> 10 / 09 / 2008  Amount of Each Disbursement this Period 62.74  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Plasha Will  Mailing Address 325 Hannon Avenue  City Monterey State CA Zip Code 93940  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.10760 <b>Date of Disbursement</b> 10 / 13 / 2008  Amount of Each Disbursement this Period 1637.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	003 Category/ Type

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

5578.66

**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)

PAGE 17 / 22

<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) The Bonner Group, Inc. <hr/> Mailing Address P.O. Box 523523 <hr/> City Springfield State VA Zip Code 22152 <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: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.10768 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 80.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) U.S. Bank <hr/> Mailing Address P.O. Box 790429 <hr/> City St. Louis State MO Zip Code 63179 <hr/> Purpose of Disbursement Bank Fee 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.10743 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 112.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

192.98

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

88525.86

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

Outstanding Balance Beginning This Period 75.00	<b>Transaction ID:</b> PAY:D:10770	
Amount Incurred This Period 0.00	Payment This Period 75.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 486.83	<b>Transaction ID:</b> PAY:D:10764	
Amount Incurred This Period 0.00	Payment This Period 486.83	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1637.00	<b>Transaction ID:</b> PAY:D:10759	
Amount Incurred This Period 0.00	Payment This Period 1637.00	Outstanding Balance at Close of This Period 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)

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> The Bonner Group, Inc.			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address P.O. Box 523523			
City Springfield	State VA	ZIP Code 22152	

Outstanding Balance Beginning This Period <input type="text" value="80.50"/>		<b>Transaction ID: PAY:D:10767</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="80.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:10832</b>	
Amount Incurred This Period <input type="text" value="300.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:10833</b>	
Amount Incurred This Period <input type="text" value="92.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="92.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="392.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Farr

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:10834</b>	
Amount Incurred This Period <input type="text" value="150.28"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="150.28"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:10835</b>	
Amount Incurred This Period <input type="text" value="211.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="211.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:10836</b>	
Amount Incurred This Period <input type="text" value="16.72"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.72"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="378.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 21 / 22	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Farr

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

Outstanding Balance Beginning This Period		Transaction ID: PAY:D:10837	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
13.46	0.00	13.46	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	13.46
2) <b>TOTALS</b> This Period (last page this line number only).....	783.46
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)	783.46

Image# 28993564983

Form/Schedule: SA11AI

Transaction ID: INC.A.11023

Previously reported contribution from RINC Diversified - AP.

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