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Exemptions-	Trusts-	EXCLUSIO	if yes, comp	V. (more than \$1	If yes, com	IV. reportable as period?	If yes, comp	III. more than \$2	If yes, comp	II. you for a spe	If yes, comp	bid you or yo	PRELIMIN/	Report Type	Status	Filer				CALENDAR	UNITED
nis— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	If yes, complete and attach Schedule V.	(more than \$10,000) during the reporting period?  Yes No	If yes, complete and attach Schedule IV.	nase, sell, or exchange any ,000 during the reporting Yes No	If yes, complete and attach Schedule III.	Did you, your spouse, or a dependent child receive "unserned" Income of more than \$200 in the reporting period or hold any reportable asset worth  Yes V No  nore than \$1,000 at the end of the period?	If yes, complete and attach Schedule II.	ation to charity in lieu of paying Personal No V	f yes, complete and attach Schedule I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes 🕢 No 🗌	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	☑ Annual (May 15) ☐ Amendment ☐ Termination	District: 17	State: CA	(Fuli Name)	Sam Farr		CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES
come, transactions, or liabilities of a spouse or dependent c s" unless you have first consulted with the Committee on	ee on Standards of Official Conduct and certain other "exce letails of such a trust benefiting you, your spouse, or depen	ATION - ANSWER EACH OF THESE QUE	schedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate	If yes, complete and attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside IX. entity?	If yes, complete and attach Schedule VIII.	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	If yes, complete and attach Schedule VII.	Did you, your spouse, or a dependent child receive any reportable travel or VII. relimbursements for travel in the reporting period (worth more than \$335 from one source)?	If yes, complete and attach Schedule VI.	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.a., aggregating more than \$335 and not otherwise	UESTIONS	Termination Date: ,	Employee	Officer Or Employing Office:	(Daytime Telephone)	(202) 225-2861 2CG)		For use by Members, officers, and employees	FORM A Page 1 of 5
hild Yes ☐ No ☑	pted Yes 🗌 No 🕢	STIONS		and the appropriate		outside Yes ☐ No ☑		ling in the Yes ☐ No ☑		han \$335 Yes   No 🗸		bie gift in therwise Yes □ No 🕢		more than 30 days late.	be assessed against	A \$200 penalty shall	(Office Use Only)	2009 MAY 15 PM 3: 38	HINSO BORGESSE STATES		ţ

## SCHEDULE I - EARNED INCOME

Name Sam Farr

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding 38 \$1,000. THESOURCE CENTRO

		C 2264
Source	Туре	Amountal OF KEPRESENTATIVES
Partners for Transition	Spouse Salary	N/A
California Public Employees Retirement System/Legislative Retirement	Pension Income	\$15,920

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Government retirement programs. Block A. For additional information, see the instruction booklet. in the optional column on the far left. that of your spouse (SP) or dependent child (DC) or is jointly held (JT), If you so choose, you may indicate that an asset or income source is savings accounts; any financial interest in or income derived from U.S. parent or sibling; any deposits totaling \$5,000 or less in personal debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any business, the nature of its activities, and its geographic location in active business that is not publicly traded, state the name of the the account and its value at the end of the reporting period. For an each asset in the account that exceeds the reporting threshold. For specific investments), provide the value and income information on retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more a fair market value exceeding \$1,000 at the end of the reporting period, identify (a) each asset held for investment or production of income with retirement plans that are not self-directed, name the institution holding in which you have the power, even if not exercised, to select the land, provide a complete address. Provide full names of stocks and Asset and/or Income Source Union (Savings and Checking Congressional Federal Credit Colgate Palmolive Stock Chevy Chase Land Company **Boeing Company Stock** Devil's Flat Association Congressional Federal Credit Accounts) Union (IRA account) BLOCK A ī \$1,001 -\$15,001 -\$15,001 -\$50,000 \$15,001 -\$15,000 \$50,000 \$50,000 \$100,000 \$50,001 -\$50,000 \$15,001 included only because value, please specify other than fair market at close of reporting the value should be it is generated income, the method used. If an year. If you use a "None." asset was sold and is valuation method Value of Asset Year-End **BLOCK B** Name Sam Farr None DIVIDENDS DIVIDENDS Check all columns that DIVIDENDS during the calendar year. Check "None" if asset did be listed as income. even if reinvested, should Dividends and Interest, appropriate box below. other assets including all specific investments, you not allow you to choose plans or accounts that do apply. For retirement INTEREST INTEREST not generate any income income by checking the IRAs, indicate the type of may write "NA". For all Type of Income BLOCKC NONE \$1 - \$200 \$15,001 - \$50,000 of income by checking the \$201 - \$1,000 \$201 - \$1,000 "None" if no income was other assets, including all \$201 - \$1,000 earned or generated. if reinvested, should be Dividends and interest, even appropriate box below. "NA" for income. For all listed as Income. Check IRAs, indicate the category investments, you may write you to choose specific accounts that do not allow For retirement plans or Amount of Income BLOCK Transaction exchanges (E) \$1,000 in exceeding reporting year. (P), sales (S), or had purchases Indicate if asset BLOCK E Page 3 of 5

SCHEDULE III
II - ASSETS AND
D "UNEARNED"
INCOME

	Point 16, Big Sur, CA LLC Membership Interest	Pfizer Inc. Stock	Motorola Inc. Stock	Morgan Stanley Money Morgan Stanley Strategist Fund A (held in IRA Retirement Account)	Morgan Stanley Bank Deposit Program	Lots 7,9, 10 (SE corner of Santa Lucia & Camino Real), Carmel, CA	Interest - CA State Retirement System (includes CA Legislative Retirement)	Intel Corp. Stock	IBM Corp. Stock	Hewlett-Packard Stock	Hartford Financial Services Stock	General Electric Stock	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
Sharlands Investment Company	LC .			Morgan A (held vunt)	eposit	of Real),	rement				ces		VEARNED" INCOM
\$1,001 -	\$500,001 - \$1,000,000	\$15,001 - \$50,000	\$1,001 - \$15,000	\$15,001 - \$50,000	None	\$250,001 - \$500,000	\$15,001 - \$50,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$15,001 - \$50,000	\$1,001 - \$15,000	\$15,001 - \$50,000	R Name Sam Fam
DIVIDENDS	RENT	DIVIDENDS	DIVIDENDS	DIVIDENDS/CAP ITAL GAINS (Reinvested)	INTEREST	None	INTEREST	DIVIDENDS	DIVIDENDS	DIVIDENDS	DIVIDENDS	DIVIDENDS	,
\$1 - \$200	\$15,001 - \$50,000	\$1,001 - \$2,500	\$1 - \$200	\$1 - \$200	\$1 - \$200	NONE	\$2,501 - \$5,000	\$201 - \$1,000	\$201 - \$1,000	\$201 - \$1,000	\$201 - \$1,000	\$1,001 - \$2,500	
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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	ME Name Sam Farr	n Farr		Page 5 of 5
	Sorensen's Resort Partnership Interest	\$15,001 - \$50,000	Other: Partnership distribution	\$2,501 - \$5,000	
	Tahoe Cabin	\$15,001 - \$50,000	RENT	\$50,001 - \$100,000	
	Vista Lobos Apartments (Interest held throught the Farr Children's Trust and the	\$250,001 - \$500,000	RENT	\$50,001 - \$100,000	
	Delores Farr Trust. Filer is 50% beneficiary.)				•
	Washington Mutual Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	

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