

# Friends of Barbara Boxer

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P.O. Box 641751  
Los Angeles, CA 90064

June 29, 1994

Office of Public Records  
Office of the Secretary of the Senate  
232 Hart Senate Office Building  
Washington, DC 20510-7116

RE: Friends of Barbara Boxer  
ID# C00279315  
January 31 Year End Report (7/1/93-12/31/93)

The attached amendment to the above referenced FEC Form 3 is provided to correct the following:

1. Amend Line 11(a)(i) and (ii) to correct attribution listed erroneously; add employer/occupation information; and itemize a contribution omitted in error previously.
2. Amend Line 17 to add the amount of an itemized check for \$1,413.00 which was voided and reissued in the subsequent reporting period. Correcting ending cash balance due to the above.

Sincerely,



Karen D. Harter  
Assistant Treasurer

cc: Political Reform Division  
Office of the Secretary of State of California

94020120098

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

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USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>FRIENDS OF BARBARA BOXER</b>		2. FEC IDENTIFICATION NUMBER <b>C00279315</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P.O. Box 641751</b>		3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE and ZIP CODE <b>Los Angeles, CA 90064</b>	STATE/DISTRICT <b>California</b>	

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____
<input checked="" type="checkbox"/> January 31 Year End Report	_____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

### SUMMARY

5. Covering Period <u>7/01/93</u> through <u>12/31/93</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) . . . . .	122,026.99	246,473.93
(b) Total Contribution Refunds (from Line 20(d)) . . . . .	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) . . . . .	122,026.99	245,973.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) . . . . .	114,587.59	235,427.84
(b) Total Offsets to Operating Expenditures (from Line 14) . . . . .	3,832.67	3,832.67
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) . . . . .	110,754.92	231,595.17
8. Cash on Hand at Close of Reporting Period (from Line 27) . . . . .	14,471.18	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <b>Karen D. Harter, Assistant Treasurer</b>	
Signature of Treasurer 	Date <b>6/29/94</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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**FEC FORM 3**  
(revised 4/87)

94020120099

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

12/31/93 Amend 6/29/94

Name of Committee (In full) **FRIENDS OF BARBARA BOXER C00279315** Report Covering the Period:  
 From: **7/01/93** To: **12/31/93**

94020120100

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) . . . . .	60,146.00		11(a)(i)
(ii) Unitemized . . . . .	52,380.99		11(a)(ii)
(iii) Total of contributions from individuals . . . . .	112,526.99	233,471.93	11(a)(iii)
(b) Political Party Committees . . . . .			11(b)
(c) Other Political Committees (such as PACs) . . . . .	9,500.00	13,002.00	11(c)
(d) The Candidate . . . . .			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans )(add 11(a)(iii), (b), (c) and (d))	122,026.99	246,473.93	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.</b> . . . . .			12
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate . . . . .			13(a)
(b) All Other Loans . . . . .			13(b)
(c) TOTAL LOANS (add 13(a) and (b)) . . . . .			13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> . . . . .	3,832.67	3,832.67	14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> . . . . .	31.64	92.42	15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> . . . . .	125,891.30	250,399.02	16
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES</b> . . . . .	114,587.59	235,427.84	17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.</b> . . . . .			18
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate . . . . .			19(a)
(b) Of All Other Loans . . . . .			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) . . . . .			19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees . . . . .		500.00	20(a)
(b) Political Party Committees . . . . .			20(b)
(c) Other Political Committees (such as PACs) . . . . .			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) . . . . .		500.00	20(d)
<b>21. OTHER DISBURSEMENTS</b> . . . . .	(memo) 22.00	(memo) 22.00	21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).</b> . . . . .	114,587.59	235,927.84	22

### III. CASH SUMMARY

<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> . . . . .	\$ 3,167.47	23
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> . . . . .	\$ 125,891.30	24
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> . . . . .	\$ 129,058.77	25
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).</b> . . . . .	\$ 114,587.59	26
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).</b> . . . . .	\$ 14,471.18	27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(a)(i)

12/31/93 Amend 6/29/94

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 BARBARA BOXER C00279315

94020120101

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sidney J. Sheinberg 1880 Century Park E. #1600 Los Angeles, CA 90067	MCA Universal	12/24/93	1,000.00 (memo)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date > \$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorraine Sheinberg 1880 Century Park E. #1600 Los Angeles, CA 90067		12/24/93	( 500.00) (memo)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Activist	Aggregate Year-to-Date > \$ 0	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Correcting erroneous attribution to Lorraine Sheinberg.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Soudebeh Salimi 15 Trapani Irvine, CA 92714	Fluor Daniel	12/14/93	500.00 (memo)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mechanical Engineer	Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amending to add occupation/employer information.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Layne 5111-1 Ocean Frnot Walk Marina Del Rey, CA 90292	Self	12/02/93 12/14/93	100.00 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate Developer	Aggregate Year-to-Date > \$300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	60,146.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

12/31/93 Amend 6/29/94

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NAME OF COMMITTEE (in Full)

FRIENDS OF BARBARA BOXER C00279315

94020120102

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Card P.O. Box 2004 Elgin, IL 60122	Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/93	(1,413.00)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Check voided, reissued in subsequent period as reimbursement to Barbara Boxer	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

114,587.59

94020120103



Office of Public Records  
Office of the Secretary of the Senate  
232 Hart Senate Office Building  
Washington, DC 20510-7116

MARTHA S. FOPE  
SECRETARY

PAMELA B. GAVIN  
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