

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2017 JAN -9 AM 7:29

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

ADDRESS (number and street) PO BOX 7292

Check if different than previously reported. (ACC) KARLSTRAND BEACH KA 92624

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00421057

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYY in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 WILLA PORTER

Signature of Treasurer *Willa Porter* Date MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Report Covering the Period: From: 

MM	DD	YYYY
07	01	2016

 To: 

MM	DD	YYYY
09	30	2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td><td>MM</td><td>DD</td></tr><tr><td>2016</td><td></td><td></td></tr></table>	YYYY	MM	DD	2016			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>14977.50</td></tr></table>	14977.50
YYYY	MM	DD								
2016										
14977.50										
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>121244.1</td></tr></table>	121244.1								
121244.1										
(c) Total Receipts (from Line 19) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>70225</td></tr></table>	70225	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>257207</td></tr></table>	257207						
70225										
257207										
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1282646</td></tr></table>	1282646	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1754957</td></tr></table>	1754957						
1282646										
1754957										
7. Total Disbursements (from Line 31) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1015323</td></tr></table>	1015323	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1487614</td></tr></table>	1487614						
1015323										
1487614										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>267343</td></tr></table>	267343	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>267343</td></tr></table>	267343						
267343										
267343										
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>000</td></tr></table>	000								
000										
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>000</td></tr></table>	000								
000										

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	000	000
(ii) Unitemized.....	70225	257207
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	70225	257207
(b) Political Party Committees.....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	70225	257207
12. Transfers From Affiliated/Other Party Committees.....	000	000
13. All Loans Received.....	000	000
14. Loan Repayments Received.....	000	000
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	000	000
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	000	000
17. Other Federal Receipts (Dividends, Interest, etc.).....	000	000
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	000	000
(b) Levin Funds (from Schedule H5).....	000	000
(c) Total Transfers (add 18(a) and 18(b))..	000	000
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	70225	257207
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	70225	257207

NON-FEDERAL RECEIPTS

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	000	000
(ii) Non-Federal Share.....	000	000
(b) Other Federal Operating Expenditures .....	38,532.23	65,761.4
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	38,532.23	65,761.4
22. Transfers to Affiliated/Other Party Committees.....	6,300.00	8,300.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	000	000
24. Independent Expenditures (use Schedule E) .....	000	000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	000	000
26. Loan Repayments Made.....	000	000
27. Loans Made.....	000	000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	000	000
(b) Political Party Committees .....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	000	000
29. Other Disbursements (Including Non-Federal Donations).....	000	000
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	000	000
(ii) "Levin" Share.....	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	000	000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	000	000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10,153.23	148,761.4
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10,153.23	148,761.4

NON-FEDERAL DONATIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	70225	257207
34. Total Contribution Refunds (from Line 28(d)) .....	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70225	257207
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	385323	657614
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	385323	657614

NON-FEDERAL CAMPAIGN FINANCING REPORT

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 4
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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)  
**SOUTH ORANGE COUNTY DEMOCRATIC CLUB**

**A.**

Full Name (Last, First, Middle Initial)  
**2016 SOC DEM CAMPAIGN OFFICE**

Mailing Address  
**24012 AVENIDA DE CARLOTA, #B**

City State Zip Code

Purpose of Disbursement  
**OFFICE RENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM ' DD ' YYYY  
**07 ' 11 ' 2016**

Amount of Each Disbursement this Period  
**6300.00**

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
**DEMOCRATIC PARTY OF ORANGE COUNTY**

Mailing Address  
**1916 W. CHAPMAN AVE, SUITE B**

City State Zip Code  
**ORANGE, CALIFORNIA 92868**

Purpose of Disbursement  
**TICKETS FOR TRUMAN DINNER**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM ' DD ' YYYY  
**08 ' 09 ' 2016**

Amount of Each Disbursement this Period  
**1500.00**

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
**MARIE CALLENDAR'S**

Mailing Address  
**31791 DEL OBISPO**

City State Zip Code  
**SAN JUAN CAPISTRANO, CA 92675**

Purpose of Disbursement  
**MEETING ROOM/FOOD/RENTAL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM ' DD ' YYYY  
**08 ' 17 ' 2016**

Amount of Each Disbursement this Period  
**4384.3**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **8238.43**

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

2016-08-10 10:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 4
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**SOUTH ORANGE COUNTY DEMOCRATIC CLUB**

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: MM/DD/YYYY **08/19/2016**

Mailing Address: **PARTY CITY**  
**27110 ALICIA PARKWAY**

City: **LAGUNA NIGUEL, CA** State: **CA** Zip Code: **92677**

Purpose of Disbursement: **ELECTION ITEMS**

Candidate Name: **(MEMORABILIA)** Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President. Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **64.78**

Memo Item

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: MM/DD/YYYY **08/11/2016**

Mailing Address: **MAX HOBBS POLITICAL MEMORABILIA**  
**26409 MISTY RIDGE PLACE**

City: **CANYON COUNTRY, CA** State: **CA** Zip Code: **91387**

Purpose of Disbursement: **POLITICAL MEMORABILIA**

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President. Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **82.96**

Memo Item

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: MM/DD/YYYY **08/11/2016**

Mailing Address: **DEMSTORE PROMO SOURCE**  
**5152 MACARTHUR BLVD NW**

City: **WASHINGTON** State: **DC** Zip Code: **20016**

Purpose of Disbursement: **purchase of political items**

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President. Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **844.22**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... **991.96**

**TOTAL** This Period (last page this line number only) ..... **991.96**

2017 RELEASE UNDER E.O. 13526

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 4

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOUTH ORANGE COUNTY DEMOCRATIC CLUB**

Full Name (Last, First, Middle Initial)

A. <b>CHASE BANK</b>		Date of Disbursement
Mailing Address <b>P.O. BOX 659754</b>		<b>08/31/2016</b>
City <b>SAN ANTONIO</b>	State <b>TX</b>	Zip Code <b>78265</b>
Purpose of Disbursement <b>BANK FEES</b>		Amount of Each Disbursement this Period
Candidate Name		<b>15.00</b>
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) ▼	Memo Item
State:	District:	

B. <b>MARY RIOS</b>		Date of Disbursement
Mailing Address <b>HAND DELIVERED</b>		<b>09/13/2016</b>
City <b>ALISO VIEJO</b>	State <b>CA</b>	Zip Code
Purpose of Disbursement <b>REFUND OF PAYMENT FOR TRUMAN DINNER</b>		Amount of Each Disbursement this Period
Candidate Name		<b>200.00</b>
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) ▼	Memo Item
State:	District:	

C. <b>MARIE CALLENDAR'S RESTAURANT</b>		Date of Disbursement
Mailing Address <b>31791 DELOBISPO</b>		<b>09/21/2016</b>
City <b>SAN JUAN CAPISTRANO</b>	State <b>CA</b>	Zip Code <b>92675</b>
Purpose of Disbursement <b>ROOM RENT AND DINNER</b>		Amount of Each Disbursement this Period
Candidate Name		<b>692.84</b>
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) ▼	Memo Item
State:	District:	

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

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

**907.84**



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 4

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SOUTH ORANGE COUNTY DEMOCRATIC CLUB**

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **CHASE BANK**

City **PO BOX 658754** State **TX** Zip Code **78265**

Purpose of Disbursement **Bank charges**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement **09 31 2016**

Amount of Each Disbursement this Period **1500**

Memo Item \_\_\_\_\_

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

Memo Item \_\_\_\_\_

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

Memo Item \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional).....▶ **1500**

TOTAL This Period (last page this line number only).....▶ **10,153.23**

2017 RELEASE UNDER E.O. 13526

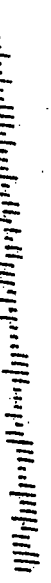


INDICIONI-00 INO-00 TPO VISION SANTA ANA CA 926  
03 JAN 2017 PM 8 L

50 CDC  
PO Box 7292  
Capistrano Beach, CA 92624

RECEIVED  
FEC MAIL CENTER  
2017 JAN -9 AM 7:22

*Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463*



20463-

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 1/3/17	1/9/17
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

1/9/17  
 DATE PREPARED

20170109 10:00:00 AM