

**ELECTION COMMITTEE OF THE  
COUNTY OF ORANGE  
1700 E. GARRY STREET  
SUITE 108  
SANTA ANA, CA 92705**

July 14, 1994

Stephen Cohen, Analyst  
Federal Elections Committee  
999 E. Street N. W.  
Washington, D.C. 20463

RE: Amended Filing and Transfers from Federal to Non-federal Accounts

Dear Mr. Cohen,

This letter is to explain errors made during the following reporting periods:

Period April 1 through May 18, 1994

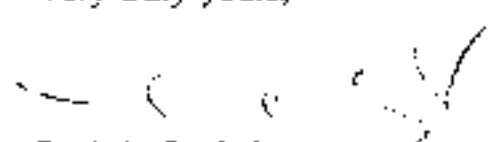
Allocable expenses were erroneously paid 100% from the non-federal account, subsequently, the federal account reimbursed the non-federal account for its allocable share; therefore, we amended this report and reported the reimbursement on Schedule B, Line 22.

Second Quarter Report

The same error occurred this period as it did for last period; therefore, we are recording the reimbursement to the non-federal account on Schedule B, Line 22.

ECCO is now aware that allocable expenses are to be paid 100% from the federal account, then reimbursed from the non-federal account. This error will not occur in the future.

Very truly yours,

  
Paul A. Strabala  
Treasurer

PS/ear

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1700 EAST GARRY, SUITE 108	2. FEC IDENTIFICATION NUMBER C00197302
CITY, STATE and ZIP CODE SANTA ANA, CALIFORNIA	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- (b) Is this Report an Amendment?  YES  NO
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
\_\_\_\_\_ in the State of \_\_\_\_\_

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>MAY 19</u> through <u>JUNE 30, 1994</u>		
6. (a) Cash on Hand January 1, 1994		\$ 14,873.11
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,867.28	
(c) Total Receipts (from Line 19)	\$ 2,695.00	\$ 4,885.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,562.28	\$ 19,758.25
7. Total Disbursements (from Line 30)	\$ 2,362.67	\$ 16,558.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,199.61	\$ 3,199.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 <i>PAUL A. GARRODA</i>	
Signature of Treasurer <i>[Signature]</i>	Date <i>7/14/94</i>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

C00192302

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
ELECTIONS COMMITTEE OF THE COUNTY OF Orange	FROM 5/19/94	TO: 6/30/94
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,625.00	1,625.00
ii. Unitemized	1,070.00	3,048.56
iii. Total (add i and ii) >	2,695.00	4,673.56
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	2,695.00	4,673.56
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	211.58
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,695.00	4,885.14
20. Total Federal Receipts (subtract line 18 from line 19) >	2,695.00	4,885.14
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	-	3,776.95
c. Total Operating Expenditures (add a i, a ii, and b) >	-	3,776.95
22. Transfers to Affiliated/Other Party Committees	2,077.72	9,496.74
23. Contributions to Federal Candidates/Committees and Other Political Committees	250.00	3,250.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements	34.95	34.95
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,362.67	16,558.64
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,362.67	16,558.64
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,695.00	4,673.56
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,695.00	4,673.56
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,077.72	9,564.18
36. Offsets to Operating Expenditures (from line 15)	-	211.58
37. Net Operating Expenditures (subtract line 36 from 35) >	2,077.72	9,352.60

2 4 0 3 2 3 1 2 4

# ECCO Federal Contributions Report

Period From: 18-May-94 To: 30-Jun-94

Printed: 12-Jul-94

## SCHEDULE A ITEMIZED RECEIPTS

Use Separate Schedules(s) for each category of the detailed Summary Page

Page 1 of 3

For Line Number 284, 285, 2

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)

### Elections Committee of the County of Orange

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
James C. Albright 408 Vista Roma Newport Beach CA 92660-3	Monier, Inc.	6/21/94	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other	Occupation: CFO		
Aggregate Year To Date>			\$150.00

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Cap Capeloto 3317 South Ross Santa Ana CA 92707	Los Angeles USD	6/21/94 8/21/94	\$150.00 \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other	Occupation: Librarian		
Aggregate Year To Date>			\$225.00

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Rueben Carrillo 20 Galeana Foothill Ranch CA 92610	self	6/21/94	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other	Occupation: Construction		
Aggregate Year To Date>			\$300.00

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Dr. Frank D'Accone 725 Fontana Laguna Beach CA 92651	Univ. Calif. Los Angeles		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other	Occupation: Professor		
Aggregate Year To Date>			\$120.00

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Robert Hodges 10091 Stonybrook Dr. Huntington Beach CA 92646	Cal State Fullerton		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other	Occupation: Professor		
Aggregate Year To Date>			\$120.00

Subtotal of Receipts This Page ..... \$625.00

5  
2  
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7

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use Separate Schedules(s) Page 2 of 3  
 for each category of the  
 detailed Summary Page For Line Number  
 564 3 of 3

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)

**Elections Committee of the County of Orange**

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Kristine Lance 219 Geneva Avenue Huntington Beach CA 92648	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other			

Aggregate Year To Date: \$120.00

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Mercury Manila 4533 MacArthur Blvd. #270 Newport Beach CA 92660	Doverland Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Occupation: President		

Aggregate Year To Date: \$120.00

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
John Moll 7 Donatello Aliso Viejo CA 92656	Stewart & Dimmick	6/21/94	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Occupation: Attorney		

Aggregate Year To Date: \$310.00

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Thomas J. Peterson 408 Vista Roma Newport Beach CA 92660-3	Resolution Trust Corp.	6/21/94	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Occupation: Asset Manager		

Aggregate Year To Date: \$190.00

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Dr. Madelynn Rigopoulos 444 West Ocean Blvd., Suite 1403 Long Beach CA 90802	Self	6/21/94	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Occupation: Psychologist		

Aggregate Year To Date: \$120.00

94039134126

Subtotal of Receipts This Page .....	<b>\$450.00</b>
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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use Separate Schedules (a) for each category of the detailed Summary Page

Page 3 of 3

For Line Number

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Name of Committee (in Full)

**Elections Committee of the County of Orange**

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Dr. John Sorbo 572 Bonita Canyon Way Brea CA 92621	Applied For		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Occupation:		
Aggregate Year To Date			<b>\$300.00</b>

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Bettyeann Swart 3021 Bern Drive Laguna Beach CA 92651		8/21/94	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Occupation:		
Aggregate Year To Date			<b>\$500.00</b>

Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, Year)	Amount of Each Receipt This Period
Roger Townsend 31112 Holly Dr. Laguna Beach CA 92677	Self	6/21/94	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Occupation: Physician		
Aggregate Year To Date			<b>\$200.00</b>

<b>Total This Period:</b>	<b>\$1,625.00</b>	<b>Total Year to Date</b>	<b>\$2,715.00</b>
Total of All Contributions This Period, including contributions less than \$100.....	<b>\$2,295.00</b>		

Subtotal of Receipts This Page ..... **\$550.00**

74034127

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE CD0192302

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE 1700 E. GARY, Suite 100 SANTA ANA, CA. 92705	Administrative/ OPERATING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/11	2,077.72
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	2,077.72
TOTAL This Period (last page this line number only) .....	2,077.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE COO192302

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION ID #: COO287037 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT BRETT WILLIAMSON P.O. Box 8303 Huntington Beach, CA. 92646		6/1/94	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	250.00
TOTAL This Period (last page this line number only) .....	250.00



**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Name of Committee (In Full)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE CO0192302

A. Full Name, Mailing Address and ZIP Code of Loan Source

Original Amount  
of Loan

Cumulative Payment  
To Date

Balance Outstanding  
at Close of This Period

Election: Primary General Other (specify):

Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr)

Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

B. Full Name, Mailing Address and ZIP Code of Loan Source

Original Amount  
of Loan

Cumulative Payment  
To Date

Balance Outstanding  
at Close of This Period

Election: Primary General Other (specify):

Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr)

Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

24039134130

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 1 of 1 for  
LINE NUMBER \_\_\_\_\_  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) <i>ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE CO0192302</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				Ø

24069154131

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE

COO192302

Full Name, Mailing Address & ZIP Code of Each Payee

Purpose of Expenditure

Date (month, day, year)

Amount

Name of Federal Candidate supported or opposed by the expenditure & office sought

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... \$ /
(b) SUBTOTAL of Unitemized Independent Expenditures ..... \$ /
(c) TOTAL Independent Expenditures ..... \$ /

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures do not include the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this ... day of ... 19 ..

My Commission expires:

NOTARY PUBLIC

Signature

Date

2 4 0 0 9 1 3 4 1 3 2

**SCHEDULE F**

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

Page 1 of 1 for  
LINE NUMBER \_\_\_\_\_

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full) <b>ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE COD192302</b>				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
<b>SUBTOTAL</b> of Expenditures This Page (optional) .....				0
<b>TOTAL</b> This Period (last page this line number only) .....				0

246391333

**METHOD OF ALLOCATION FOR SHARED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS**

N/A

NAME OF COMMITTEE  
ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE COO192302

**NATIONAL PARTY COMMITTEES**

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) .....  %  
 PRESIDENTIAL YEAR (65%)  
 ALL OTHER YEARS (60%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) .....  %  
 OR  
 FUNDS EXPENDED:  
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL .....  %  
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL .....  %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... \$  .....  %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

**SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES**

FUNDS EXPENDED:  
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL .....  %  
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL .....  %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... \$  .....  %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... \$

**STATE AND LOCAL PARTY COMMITTEES**

**BALLOT COMPOSITION**

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT ..... (1 POINT) .....	<input type="checkbox"/>
2. U.S. SENATE ..... (1 POINT) .....	<input type="checkbox"/>
3. U.S. CONGRESS ..... (1 POINT) .....	<input type="checkbox"/>
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) .....	<input type="text"/>
5. GOVERNOR ..... (1 POINT) .....	<input type="checkbox"/>
6. OTHER STATEWIDE OFFICE(S) ..... (1 OR 2 POINTS) .....	<input type="checkbox"/>
7. STATE SENATE ..... (1 POINT) .....	<input type="checkbox"/>
8. STATE REPRESENTATIVE ..... (1 POINT) .....	<input type="checkbox"/>
9. LOCAL CANDIDATES ..... (1 OR 2 POINTS) .....	<input type="checkbox"/>
10. EXTRA NON-FEDERAL POINT ..... (1 POINT) .....	<input type="checkbox"/>
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....	<input type="text"/>
12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....	<input type="text"/>

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 .....  %

2  
3  
4  
1  
3  
4  
1  
3  
9  
3  
3  
4  
0  
4  
9

**ALLOCATION RATIOS**

NAME OF COMMITTEE  
**ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE CO092302**

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

5  
3  
1  
4  
3  
1  
2  
3  
4  
5  
4  
3  
2  
1

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		

TRANSFERS FROM  
 NON-FEDERAL ACCOUNTS

N/A

NAME OF COMMITTEE  
**ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE**

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT

DATE OF RECEIPT

\$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising .....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....				

NAME OF ACCOUNT

DATE OF RECEIPT

\$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising .....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....				

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE .....				
TOTAL THIS PERIOD .....				

24037134136

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

DISBURSEMENT SCHEDULE B-T

NAME OF COMMITTEE

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE COD 192302

24009-34137

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) .....					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....					



**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
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<input type="checkbox"/> First Class Mail	POSTMARKED
---	------------

<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>7-14-94</i>
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<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
---	-----------------

<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
--	-----------------

<input type="checkbox"/> Other (Specify):	POSTMARKED
---	------------

and/or DATE OF RECEIPT

<i>JM</i> PREPARER	<i>7-21-94</i> DATE PREPARED
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