

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

AS FILED

USE FEC MAIL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE**

ADDRESS (number and street)  Check if different than previously reported  
**1700 EAST GARRY, SUITE 100**

CITY, STATE and ZIP CODE  
**SANTA ANA, CALIFORNIA 92705**

2. FEC IDENTIFICATION NUMBER  
**000192302**

3.  This committee has qualified as a multi-candidate 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

- 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 Primary Election  
 (Type of Election)  
 election on June 7, 1994 in the State of California
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>April 1 through May 13 1994</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>			\$ 14,873.11
(b) Cash on Hand at Beginning of Reporting Period		\$ 15,317.17	
(c) Total Receipts (from Line 18)		\$ 1,656.54	\$ 2,190.14
(d) Subtotal (add Line 6(b) and 6(c) for Column A and Line 6(a) and 6(c) for Column B)		\$ 16,973.75	\$ 17,063.25
7. Total Disbursements (from Line 20)		\$ 14,106.47	\$ 14,195.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 2,867.28	\$ 2,867.78
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 20463 Toll Free 800-424-9530 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			
Signature of Treasurer			Date

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

9 4 0 3 9 1 3 4 1 4 3

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

*AS FILED*  
00007012

(revised 1/1/81)

NAME OF COMMITTEE <i>Republican Committee of THE COUNTY OF COVING</i>	REPORT COVERING PERIOD FROM <i>April 1</i> TO <i>May 18, 1994</i>	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees:		
I. Itemized (use Schedule A)		
II. Unitemized	1,445.00	1,978.56
III. Total (add I and II) >	1,445.00	1,978.56
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a II, b and c) >	1,445.00	1,978.56
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	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) >	1,656.58	2,190.14
20. Total Federal Receipts (subtract line 16 from line 19) >	1,656.58	2,190.14
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
I. Federal Share	3,709.51	3,709.51
II. Non-Federal Share	3,709.51	3,709.51
b. Other Federal Operating Expenditures	3,687.45	3,776.93
c. Total Operating Expenditures (add a I, a II, and b) >	11,106.47	11,195.97
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committee [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		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,106.47	14,195.97
31. Total Federal Disbursements (subtract line 21 a II from line 30) >	10,396.96	10,486.46
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	1,445.00	1,978.56
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,445.00	1,978.56
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	7,396.96	7,486.45
36. Offsets to Operating Expenditures (from line 15)	211.58	211.58
37. Net Operating Expenditures (subtract line 36 from 35) >	7,185.38	7,274.88

94039134144

**SCHEDULE A**

**ITEMIZED RECEIPTS**

*AS FILED*

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

PAGE 1 OF 1  
FOR LINE NUMBER

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)**

*ELECTION COMMITTEE OF THE COUNTY OF ORANGE COUNTY, CA*

94039134145

A. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	<i>0</i>

AS FILED

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 216

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)

RESIDENT COMMITTEE FOR THE COUNTY OF ORANGE CDD 1993-1994

94039134146

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paul Stradala 2600 MILNESEN DR., #152D Frvine, CA. 92715	Event Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-5-94	62.50
Orange County Blade PO Box 1538 Laguna Beach, CA. 92652	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-5-94	214.31
Human Rights Campaign Fund	Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	520.00
Aids Services Foundation	Other Political Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	2,500.00
TARGET HARBOR Blvd. Garden Grove, CA.	Kickoff Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-94	255.64
Orange County Blade P.O. Box 1538 Laguna Beach, CA. 92652	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-94	135.00

JMSTOTAL of Disbursements This Page (optional)

3,687.45

TOTAL This Period (last page this line number only)

3,687.45

AS FILED

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF FOR LINE NUMBER 23

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 IN THE COUNTY OF ORANGE CO0197302

Table with 4 columns: A. Full Name, Mailing Address and ZIP Code; Purpose of Disbursement; Date (month, day, year); Amount of Each Disbursement This Period. Includes entries for 'Friends of Mike Parrish' and 'LA. Victory 94'.

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UBTOTAL of Disbursements This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

3,000.00

Name of Committee (In Full)				
SCHEDULE C COMMITTEE OF THE BOARD OF COUNTY COMMISSIONERS				
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Term: 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Term: 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) _____				0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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

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

**AS FILED**

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

Name of Committee (in Full) <i>Federal Communications Commission</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)				0

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ITEMIZED INDEPENDENT EXPENDITURES

AS FILED

(See Reverse Side for Instructions)

94039134150

Name of Committee (in Full)			CODING	
FEDERATION OF LABORERS OF AMERICA, LOCAL 1000			C00192302	
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
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> 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 did not involve 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



**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))**

AS FILED

Page 1 of 1 for  
LINE NUMBER     

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

Name of Political Committee (in Full) <i>Federal Political Committee for State Council of Candidates</i> <span style="float:right">001192011</span>				
Has your Committee been designated to make coordinated expenditures by a political party committee? If YES, name the designating committee: <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>				
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—\$			
SUBTOTAL of Expenditures This Page (optional)				0
TOTAL This Period (last page this line number only)				0

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

*AS FILED*

*N/A*

NAME OF COMMITTEE

*Friends Committee of the County of ...*

**NATIONAL PARTY COMMITTEES**

- FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) .....  %
- PRESIDENTIAL YEAR (85%)
- ALL OTHER YEARS (80%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

- MINIMUM FEDERAL PERCENTAGE (85%) (IF CHECKED, ENTER 85% 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 85% 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 ..... <input type="checkbox"/> (1 POINT) .....	
2. U.S. SENATE ..... <input type="checkbox"/> (1 POINT) .....	
3. U.S. CONGRESS ..... <input type="checkbox"/> (1 POINT) .....	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) .....	
5. GOVERNOR ..... <input type="checkbox"/> (1 POINT) .....	
6. OTHER STATEWIDE OFFICE(S) ..... <input type="checkbox"/> (1 OR 2 POINTS) .....	
7. STATE SENATE ..... <input type="checkbox"/> (1 POINT) .....	
8. STATE REPRESENTATIVE ..... <input type="checkbox"/> (1 POINT) .....	
9. LOCAL CANDIDATES ..... <input type="checkbox"/> (1 OR 2 POINTS) .....	
10. EXTRA NON-FEDERAL POINT ..... <input type="checkbox"/> (1 POINT) .....	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....	
12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....	

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

94039134152

N/A

NAME OF COMMITTEE

FEDERAL CANDIDATE FOR CONGRESS

**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.

94039134153

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	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	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	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	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	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	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		

**RECEIPT SCHEDULE H3**  
(effective 1/1/91)

**TRANSFERS FROM  
NON-FEDERAL ACCOUNTS**

AS FILED

N/A

NAME OF COMMITTEE DEMOCRATIC PARTY OF THE STATE OF CALIFORNIA 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 .....

94039134154

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

AS FILED

DISBURSEMENT SCHEDULE B-T

NAME OF COMMITTEE

REPRESENTATIVE COMMITTEE OF THE COUNTY OF ORANGE

000192002

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
REPRESENTATIVE COMMITTEE OF THE COUNTY OF ORANGE 1700 E. GARRY, SUITE 103 SANTA ANA, CA. 92703	Operating Expenses	4/15/94	3,924.13	1,962.06	1,962.06
		6/11/94	3,494.89	1,747.45	1,747.45
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 1 <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					
JB TOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....			7,419.02	3,709.51	3,709.51
TOTAL THIS PERIOD (see page for each line only)(Fed. share to 21 a 1 and non-Fed. share to 21 a 1) ...			7,419.02	3,709.51	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....					3,709.51

94039134155

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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 and Registration

DATE OF RECEIPT

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 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JMH*

PREPARER

*7-21-94*

DATE PREPARED

94039134156