

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

2009 APR 15 10 40

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

ADDRESS (number and street) **P.O. BOX 3633**  
 Check if different than previously reported. (ACC) **MISSION VIEJA CA 92690-1633**

2. FEC IDENTIFICATION NUMBER ▼ **C 0 0 4 2 1 0 5 7**  
 CITY ▲ STATE ▲ ZIP CODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) <small>(Non-Election Year Only)</small>
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) <small>(Non-Election Year Only)</small>
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	Convention (12C)	Special (12S)		
(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	

(a)  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)

5. Covering Period **01 01 2009** through: **03 31 2009**

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 **04 13 2009**

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

Office Use Only										<b>FEC FORM 3X</b> Rev. 12/2004
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29030070414

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**SOUTH ORANGE COUNTY DEMOCRATIC CLUB**

Report Covering the Period: From: **01' 01' 2009** To: **08' 31' 2009**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2009</b>		<b>25,503.30</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>25,503.30</b>	
(c) Total Receipts (from Line 19) .....	<b>3,578.64</b>	<b>3,578.64</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<b>29,081.94</b>	<b>29,081.94</b>
7. Total Disbursements (from Line 31).....	<b>4,587.93</b>	<b>4,587.93</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>24,494.01</b>	<b>24,494.01</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		

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

29030070415

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 08/2004)

Page 3

Write or Type Committee Name

**SOUTH ORANGE COUNTY DEMOCRATIC CLUB**

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 01 / 01 / 2009 To: <sup>M M / D D / Y Y Y Y</sup> 03 / 31 / 2009

I. Receipts	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).....	300.00	300.00
(ii) Unitemized.....	3,278.64	3,278.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,578.64	3,578.64
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,578.64	3,578.64
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,578.64	3,578.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,578.64	3,578.64

29030070416

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4,587.93	4,587.93
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4,587.93	4,587.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,587.93	4,587.93

29030070417

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**HILARY L CROSBY**

Mailing Address  
**1001 ELM CT.**

City **EL CERRITO** State **CA** Zip Code **94530-2602**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CROSBY & KANEDA** Occupation **CPA**

Receipt For:  
 Primary  General  
 Other (specify) **TRUMAN DINNER**

Aggregate Year-to-Date **300.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 15 / 2009**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**SUBTOTAL of Receipts This Page (optional)** ..... **300.00**

**TOTAL This Period (last page this line number only)** ..... **300.00**

29030070418

**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 7			
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement 02 03 2009	
Mailing Address <b>208 AVENIDA VAQUERO</b>		Amount of Each Disbursement this Period  <b>126.00</b>	
City <b>SAN CLEMENTE</b>	State <b>CA</b>		Zip Code <b>92674</b>
Purpose of Disbursement <b>POSTAGE</b>			Category/ Type
Candidate Name			
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement 02 03 2009	
Mailing Address <b>208 AVENIDA VAQUERO</b>		Amount of Each Disbursement this Period  <b>151.20</b>	
City <b>SAN CLEMENTE</b>	State <b>CA</b>		Zip Code <b>92674</b>
Purpose of Disbursement			Category/ Type
Candidate Name			
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement 01 08 2009	
Mailing Address <b>208 AVENIDA VAQUERO</b>		Amount of Each Disbursement this Period  <b>126.00</b>	
City <b>SAN CLEMENTE</b>	State <b>CA</b>		Zip Code <b>92674</b>
Purpose of Disbursement			Category/ Type
Candidate Name			
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) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	<b>403.20</b>
TOTAL This Period (last page this line number only).....▶	

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**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 <u>2</u> OF <u>7</u>
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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

Full Name (Last, First, Middle Initial) <b>A. GILA JONES</b>		Date of Disbursement 01 ' 19 ' 2009
Mailing Address 31221 BELFORD DR		Amount of Each Disbursement this Period  1,307.41
City SAN JUAN CAPISTRANO CA	State CA	
Zip Code 92675		
Purpose of Disbursement CLUB OFFICE EXPENSES		
Candidate Name		Category/ Type
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAROL WILSON</b>		Date of Disbursement 02 ' 03 ' 2009
Mailing Address 34912 CALLE FORTUNA		Amount of Each Disbursement this Period  12.91
City CAPISTRANO BEACH CA	State CA	
Zip Code 92624		
Purpose of Disbursement OFFICE EXPENSES		
Candidate Name		Category/ Type
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON MUTUAL</b>		Date of Disbursement 01 ' 30 ' 2009
Mailing Address PO BOX 660022		Amount of Each Disbursement this Period  17.00
City DALLAS TX	State TX	
Zip Code 75266		
Purpose of Disbursement BANK CHRG		
Candidate Name		Category/ Type
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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1,337.32
TOTAL This Period (last page this line number only).....▶	

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**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 7

<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)

Date of Disbursement

03 / 10 / 2009

A. **WASHINGTON MUTUAL**

Mailing Address

PO BOX 660022

City

DALLAS TX

State

Zip Code

75266

Purpose of Disbursement

BANK CHRG

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

25.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

01 / 16 / 2009

B. **DEMOCRATIC PARTY OF ORANGE COUNTY**

Mailing Address

200 N. MAIN ST.

City

SANTA ANA

State

CA

Zip Code

92701

Purpose of Disbursement

TRUMAN DINNER

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

900.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

C. Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

925.00

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

29030070421



**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 <u>4</u> OF <u>7</u>
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
**SOUTH DRANGE COUNTY DEMOCRATS CLUB**

Full Name (Last, First, Middle Initial) <b>A. CITY OF SAN JUAN CAPISTRANO</b>		Date of Disbursement MM/DD/YYYY <b>02/02/2009</b>
Mailing Address <b>25925 CAMINO DEL AVION</b>		Amount of Each Disbursement this Period  <b>\$ 100.00</b>
City <b>SAN JUAN CAPISTRANO CA</b>	State Zip Code <b>CA 92675</b>	
Purpose of Disbursement <b>MEETING ROOM RENTAL</b>		Category/ Type
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CITY OF SAN JUAN CAPISTRANO</b>		Date of Disbursement MM/DD/YYYY <b>03/04/2009</b>
Mailing Address <b>25925 CAMINO DEL AVION</b>		Amount of Each Disbursement this Period  <b>\$ 239.50</b>
City <b>SAN JUAN CAPISTRANO CA</b>	State Zip Code <b>CA 92675</b>	
Purpose of Disbursement <b>ROOM RENTAL</b>		Category/ Type
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement MM/DD/YYYY <b>01/08/2009</b>
Mailing Address <b>33959 DOHENY PARK RD</b>		Amount of Each Disbursement this Period  <b>\$ 190.71</b>
City <b>SAN JUAN CAPISTRANO CA</b>	State Zip Code <b>CA 92675</b>	
Purpose of Disbursement <b>PRINTING</b>		Category/ Type
Candidate Name		
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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<b>530.21</b>
TOTAL This Period (last page this line number only).....▶	

29030070422

**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)

<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)

<p><b>A. STAPLES</b></p>		<p>Date of Disbursement</p> <p>02 02 2009</p>
<p>Mailing Address</p> <p>33959 DOHENY PARK RD</p>		<p>Amount of Each Disbursement this Period</p> <p>236.85</p>
<p>City State Zip Code</p> <p>SAN JUAN CAPISTRANO CA 92675</p>	<p>Purpose of Disbursement</p> <p>PRINTING/OFFICE SUPPLIES</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. STAPLES</b></p>		<p>Date of Disbursement</p> <p>02 26 2009</p>
<p>Mailing Address</p> <p>33959 DOHENY PARK RD</p>		<p>Amount of Each Disbursement this Period</p> <p>38.40</p>
<p>City State Zip Code</p> <p>SAN JUAN CAPISTRANO CA 92675</p>	<p>Purpose of Disbursement</p> <p>OFFICE SUPPLIES</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C. STAPLES</b></p>		<p>Date of Disbursement</p> <p>02 10 2009</p>
<p>Mailing Address</p> <p>33959 DOHENY PARK RD</p>		<p>Amount of Each Disbursement this Period</p> <p>24.03</p>
<p>City State Zip Code</p> <p>SAN JUAN CAPISTRANO CA 92675</p>	<p>Purpose of Disbursement</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

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

299.28

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

29030070423

**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 6 OF 7				
	<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

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

**A. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address  
**33959 DOHENY PARK RD**

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

Purpose of Disbursement  
**PRINTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

Date of Disbursement  
**03 20 2009**

Amount of Each Disbursement this Period  
**248.18**

Category/Type

**B. SAN JUAN CAPISTRANO FIESTA ASSOCIATION**

Full Name (Last, First, Middle Initial)

Mailing Address  
**P.O. BOX 519**

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

Purpose of Disbursement  
**BOOTH RENTAL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

Date of Disbursement  
**02 25 2009**

Amount of Each Disbursement this Period  
**255.00**

Category/Type

**C. UNIVERSAL PRESS**

Full Name (Last, First, Middle Initial)

Mailing Address  
**934 CALLE NEGOCIO**

City **SAN CLEMENTE CA** State **CA** Zip Code **92673**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

Date of Disbursement  
**02 25 2009**

Amount of Each Disbursement this Period  
**242.43**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **745.61**

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

29030070424

**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 7 OF 7

<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>CAROL WILSON</b>		Date of Disbursement
Mailing Address <b>34912 CALLE FORTUNA</b>		03/17/2009
City <b>CAPISTRANO BEACH CA</b>	State <b>CA</b>	Amount of Each Disbursement this Period
Zip Code <b>92624</b>		
Purpose of Disbursement <b>EXHIBIT EXPENSE</b>		266.50
Candidate Name		
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) ▼	
State: District:		

B. <b>AWARDS N MORE</b>		Date of Disbursement
Mailing Address <b>439-A N EL CAMINO REAL</b>		02/25/2009
City <b>SAN CLEMENTE CA</b>	State <b>CA</b>	Amount of Each Disbursement this Period
Zip Code <b>92672</b>		
Purpose of Disbursement <b>PLAQUE</b>		40.00
Candidate Name		
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) ▼	
State: District:		

C. <b>AWARDS N MORE</b>		Date of Disbursement
Mailing Address <b>439-A N EL CAMINO REAL</b>		03/06/2009
City <b>SAN CLEMENTE CA</b>	State <b>CA</b>	Amount of Each Disbursement this Period
Zip Code <b>92672</b>		
Purpose of Disbursement <b>PLAQUE</b>		40.81
Candidate Name		
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) ▼	
State: District:		

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

347.34

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

4,587.93

29030070425

**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.

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 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*4/14/09*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*EA*

*4/15/09*

PREPARER  
(3/2005)

DATE PREPARED

29030070426