FEC FORM 3X	AN	PORT O D DISB	URSEN	IENTS		RECEIVED MAIL CEN	TER			
1. NAME OF COMMITTEE (in f		or print v		nple: If typing, type the lines.	12FE4M5					
SOUTAD	SOUTH ORANGE COUNTY DEMOCRATIC CLUB									
┠ <u>┈┚╌└╌┶</u> ╌┶╌┶	<u> </u>									
ADDRESS (number and	I street)	DUBDY	1362	BLLL			لسبب			
Check if diffe			I	فسلسه الساريا	<u>╺</u> ┹	<u></u>				
than previous reported. (AC		SSION	<u> </u>	Ja	CA	926901-	1633			
2. FEC IDENTIFICA	ATION NUMBER	a ▼				ZIP CO				
C 0 D L	121051	7	3. IS THIS REPORT	NEW (N) C	AN DR (A)	IENDED				
4. TYPE OF REP (Choose One)	ORT (b)	Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)			
(a) Quarterly Rep	orts:		Apr 20 (M4)	Jul 20 (N		20 (M10)	(Non-Election Year Only) Jan 31 (YE)			
April 15 Quarterly	Report (Q1)	(c) 12-Day		Primary (12P)	General		Runoff (12R)			
July 15 Quarterly October	Report (Q2)	PRE-Election Report for (	n	Convention (12C)	Special (	• •				
January 3	Report (Q3) 31 Report (YE)		Election on	μΛ − ξ, 7 − Τ,− D		in the State o	1			
July 31 M Report (N Year Only	Non-election	(d) 30-Day POST-Elect Report for t		General (30G)	Runoff (S	IOR) :	Special (30S)			
Terminati (TER)	on Report	·	Election on	61 EL / E D	/`Ÿ¥¥¥	in the State o	1			
5. Covering Period	۵ / C	o'i a v	09	through	3 81	2009				
I certify that I have ex Type or Print Name of		ort and to the b		-	is true, correct an	d complete.				
Signature of Treasurer	$\overline{q}$	filla A	orten	· · · · · · · · · · · · · · · · · · ·	Date	¥' 13'	à 00 q			
NOTE: Submission of fa	alse, erroneous, o	or incomplete info	mation may su	bject the person sign	ing this Report to t	he penalties of 2	J.S.C. §437g.			
Office Use Only						FEC FOR Rev. 12/2				

ï

•

29030070414

. · · ·

•

FE6AN026

.

<b>Г</b>	- FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE CEIPTS AND DISBURSEMENTS	Page 2
N	Vrite or Type Committee Name SOUTH O RANGE COUNT	Y DEMOCRATIC	LUB
R	eport Covering the Period: From: 01.	01 2009 To:	"0"3' "3'1' ZÕÕŸ
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2009		25 503.30
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Receipts (from Line 19)	3,578,64	3.578,64
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 29.081,94	, 19.081.94
 7.	Total Disbursements (from Line 31)	4,587.93	, 4.587.R3
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24,494.01	24, 494.01
<del>.</del> 9.	Debts and Obligations Owed TO the Committee (Iternize all on Schedule C and/or Schedule D)	<del>.</del>	
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

i

FE6AN026

• •

۰ ،

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

## SOUTH ORANGE COUNTY DEMOCRATIC CLUB

		I. Receipts		Т	COLUMN A otal This Peri		· Cale	COLUMN B ndar Year-to-	Date
í <b>1.</b>	Cont	ributions (other than loans) From:							
	(a)	Individuals/Persons Other							
		Than Political Committees			-				
		(i) Itemized (use Schedule A)	·	3		0.00	Ŧ	ં ;ઝે	00.00
					3,27	18 64		11	00 0 D 78 . 64
		(ii) Uniternized (iii) TOTAL (add		7	. <b></b>		-		
		Lines 11(a)(i) and (ii)	• .	7	357	8.64	,	3,5	78.64
	(b)	Political Party Committees		_		_	. ,	-	
		Other Political Committees		•		-	,	-	
		(such as PACs)		.,	-	_	,		
		Total Contributions (add Lines	•	.,	•	•	. ,	-	
	•••	11(a)(iii), (b), and (c)) (Carry				· · ·	•.	••	
		Totals to Line 33, page 5)		<u>.</u> .	3.57	8.64		" 3.5	78.64
2.		sfers From Affiliated/Other	•				,	- ,-	
	Party	y Committees							
	-		÷	,	7	•	1 2	2	
3.	aii l	oans Received		7	· 5.	•	· · ·	3	-
4.	Loar	Repayments Received							
		ets To Operating Expenditures	· ·	2	7	•	·. *	,	-
		unds, Rebates, etc.)							
		ry Totals to Line 37, page 5)				•			
6.		inds of Contributions Made		Ţ		-	3	-	-
		ederal Candidates and Other	2. 1						
		ical Committees		•	•	•	•		
7.		er Federal Receipts	· ·	7	7.	• .	2	•	•
		idends, Interest, etc.)					• •		
8.	-	sfers from Non-Federal and Levin Funds	·	2	.3	•	-	3	•
		Non-Federal Account		•					
	•••	(from Schedule H3)							
				7	. 5	•	• ;	· · •	-
	<i>(</i> <b>L</b> ) 1		<b>i</b> '		••••	•			
	(0) (	Levin Funds (from Schedule H5)		2	· · · · ·	•	. 7	5	•.
	(c) 1	fotal Transfers (add 18(a) and 18(b))	·	•	•				
	•••			7		• .	7	:	•
		•				_		•	
^	Tete							:	•
9.		I Receipts (add Lines 11(d),				0	4		
	12,	13, 14, 15, 16, 17, and 18(c))▶		:	3.27	8.64	· 7	3,3	78.64
0.	Tota	Federal Receipts							
	(sub	tract Line 18(c) from Line 19)	• •	.,	3,57	8.64	2	3.5	78.64 78.64

14

FE6AN026

4

÷

## DETAILED SUMMARY PAGE

of Disbursements

		FEC Form 3X (Rev. 02/2003)	of Disbu	rsements				Pa	ge 4		
II. Disbursements		II. Disbursements	COLUMN A Total This Perlod			COLUMN B Calendar Year-to-Date					
21.		rating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)			<b>I</b> _				Jaie		
		(i) Federal Share	7.	· •			7	5			
		(ii) Non-Federal Share	•								
	(b)	Other Federal Operating	å	<b>,</b>			٦	Ŧ	•		
	(a)	Expenditures Total Operating Expenditures	7				. ,	<b>5</b> ·			
	(0)	(add 21(a)(i), (a)(ii), and (b))►		4.587.	93			4.58	87.93		
22.	Trar	nsfers to Affiliated/Other Party						1.01			
23.	Con	nmittees tributions to eral Candidates/Committees Other Political Committees	:	: ·	•		:	,	· •		
24.		ependent Expenditures	5	. • • •		·	· •5	7	-		
	(use	Schedule E)	. 3				,	7.	•		
25.	(2 L	rdinated Party Expenditures J.S.C. §441a(d)) a Schedule F)	7	,			5				
						•	•	••			
26.	Loa	n Repayments Made	. ?	•			5	5			
27. 28.	Ref	ns Made unds of Contributions To: Individuals/Persons Other	-	·	. :	:	2	9			
	()	Than Political Committees	5	•			<del>5</del> ·	5			
	(b)	Political Party Committees	. <b>T</b>	<b>.</b> .			:	7	•		
	(C)	Other Political Committees (such as PACs)			-						
		(	. 3				Ţ	. 7	•		
	(d)						-				
		(add Lines 28(a), (b), and (c))▶	. *	5 :			5	3	•		
29.	Oth	er Disbursements		, . , .	:		:	5	•		
30.	Fed	leral Election Activity (2 U.S.C. §431(20))									
	(a)	Allocated Federal Election Activity (from Schedule H6)									
		(i) Federal Share									
			. 7	-	•		5	7	-		
		(ii) "Levin" Share	. 7. • .				. ,	7	-		
	(b)	Federal Election Activity Paid Entirely				•					
	(c)	With Federal Funds	<b>,</b>				· • ·		-		
	(0)	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	,	· <del>-</del>			,	=			
31.	Tota	al Disbursements (add Lines 21(c), 22,									
		24, 25, 26, 27, 28(d), 29 and 30(c))	. <b>s</b> .	4,587.	9.3			45	87.93		
32.		al Federal Disbursements						•			
	-	btract Line 21(a)(ii) and Line 30(a)(ii)									
	fron	n Line 31) 🕨		4,587.	በ ጌ		,	45	87.93		

•

1

Γ

FEGAN026

.

CHEDULE A (FEC Form 3X)			
	•	Use separate schedule(s)	FOR LINE NUMBER: PAGE / OF / (check only one)
EMIZED RECEIPTS		for each category of the Detailed Summary Page	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
ny information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			- CLUP
SOUTH ORANGE.C	OUNT	Y DEMOCRA	
Full Name (Last, First, Middle Initial)	•		Data of Data int
HILARY L CROSBY Mailing Address			Date of Receipt
1001 ELM CT.	•		01 15 2009
City	State	Zip Code	
ELCERRITO	.CA	94530-2602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		, 300.00
Name of Employer	Occupation	a	-
CROSBY & KANEDA	LP	A	
Receipt For:	Aggregate	Year-to-Date V	٦ ·
Primary General		·	
Y Other (specify) ▼ TRUMAN DINNER		, 300.00	
Full Name (Last, First, Middle Initial)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			Date of Receipt
Mailing Address			ea Ni / D D / Y Y Y
City	State	Zip Code	
<u></u>	. <u> </u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5 I 2 I
Name of Employer	Occupatio	n	<b>-1</b>
Receipt For:	<u></u>		
Primary General	Aggregate	e Year-to-Date ▼	•
Other (specify) 🗸		· · ·	
Full Name (Last, First, Middle Initial)		. <i>•</i>	Date of Receipt
Mailing Address			
		-	
City	State	Zip Code	
	<u> </u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	•	
Name of Employer	Occupatio	n .	-
Receipt For:		e Year-to-Date ▼	
Primary General	កមួមទៀង	e Iogi-w-Date ¥	
Other (specify) V		5 5 ° .	
······································			<u>l</u>
SUBTOTAL of Receipts This Page (optional).		, :	▶ ; ;300:00
			▶ ; ;30000 ▶ : ;300.00
TOTAL This Period (last page this line numb	er only)	3 4 4 4 9 7 7 6 8 8 6 4 4 7 7 6 8 8 6 4 7 8 6 6 4 9 7 9 7 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	200 64

29030070418

.

.

< ••

: :

.

12.4 . · FEC Schedule A (Form 3X) Rev. 02/2003 •

•

•

1 .

. ιa.

SCHEDULE B (FEC Form 3X)	·····	FOR LINE	NUMBER: PAGE / OF 7
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (IN FUIL) SOUTH ORANGE C	DE STRING	HOCK	PATIC CLUB
Full Name (Last, First, Middle Initial) A.			Date of Disbursement
<u>usps</u>			"02' 03' 2009
208 AN EN IDA VAQUER	٥		02 03 2009
SAN CLEMENTE C	State Zip Code A 92674		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought:   House   Disburserr	nerit For:	Туре	, , , , , , , , , , , , , , , , , , ,
	Primary General		
State: District:	Other (specify) 🔻		
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
<u>"USPS</u>			
208 AVENIDA VAGU	1ERO		VZ' 0 3' 2009
208 AVENIDA VAGU	State Zip Code 14 92674		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: / House Disbursen	toot For	Туре	, , , , , , , , , , , , , , , , , , , ,
	Primary General		
State: District:	Other (specify) 🔻		
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. USPS			
Mailing Address 208 AVENIDA VAQ	NERO		oros adq
City City City City City City City City	State Zip Code VA 92674		
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought:   House Disburser	nent For	Туре	, , 12600
Senate	Primary General		
State: District:	Other (specify) v		
SUBTOTAL of Disbursements This Page (optional)		······ <b>&gt;</b>	. 403,20
TOTAL This Period (last page this line number only)		••••••	5
	فيستنا وبسيلية المكاف وتثاله بتخصيم		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 2_OF 7						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)						
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30b						
Any information copied from such Reports and Statem		by any personal by any persona	on for the purpose of soliciting contributions						
or for commercial purposes, other than using the name									
		10 0	R						
504TH OPANGE COUNT	J VEMBERAT								
Full Name (Last, First, Middle Initial)			Date of Disbursement						
GILA JONES									
Mailing Address 31221 BELFORD 2	R		01'14' 2004						
City	State Zip Code								
SAN JUAN LAPISTRAM	VO UT 42615								
CLUB OFFICE EXPEN	ISES		Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	1.307,41						
Office Sought: House Disburser	_	- 34-0							
Senate President	Primary General Other (specify)	ł							
State: District:									
Full Name (Last, First, Middle Initial)			Data of Dishurseneet						
B. CARUL WILSON									
Mailing Address	↓ , :		02'03'2009						
	State Zip Code								
CAPISTRANO BEACH Purpose of Disbursement	CA 92624								
OFFICE EXPENSES			Amount of Each Disbursement this Period						
Candidate Name		Category/	, , 12,91						
Office Sought: House Disburser	ment For:	Туре							
Senate	Primary General								
State: District:	Other (spəcify) 🔻		[						
Full Name (Last, First, Middle Initial)		<del></del>							
C. WASKINGTON MUTUAL	_								
Mailing Address PUBOX 600022		i	D' 30 2009						
<u>PU 100X 660122</u>	State Zip Code								
PALLAS T									
Purpose of Disbursement		:	Amount of Each Disbursement this Period						
Candidate Name		Category/							
Office Sought: House Disburse	ment For:	Туре	, , 17.00						
Senate	Primary General								
State: District:	Other (specify) 🔻								
SUBTOTAL of Disbursements This Page (optional).		····· >	1337.32						
TOTAL This Period (last page this line number only	)	····· <b>&gt;</b>							

. • . •

SC	HEDULE B (FEC Form 3X)	FOR LINE N	IUMBER: PAGE 3 OF7	
IT	I LITICLU DIVDVI VLIVLITILITIV I for each categoon of the I I		(check only	one)
		Detailed Summary Page	21b 27	22 23 24 25 26 28a 26b 28c 29 30b
An	y information copied from such Reports and Statem	nents may not be sold or used		
	for commercial purposes, other than using the nam			
N	NAME OF COMMITTEE (In Full)			
V	South ORANGE C	ounty democ	RATIC	CUB -
	Full Name (Last, First, Middle Initial)			· · · · · · · · · · · · · · · · · · ·
Α.	WASHINGTON MUTUAL		· · ]	
	Mailing Address			రీ పీ ' ఏం ' సంరి9
	PO BOX 660022 City s	State Zip Code		
	BALLAS TR	752.66		
	Purpose of Disbursement			Amount of Frick Disk means this David
	BANK CHRES			Amount of Each Disbursement this Period
			Category/ Type	., <b>, 25,00</b>
	Office Sought: House Disbursen			
		Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			
Β.	DEMOCRATIC PARTY 0	F ORANGE CON	NYY	Date of Disbursement
	Mailing Address			ő 1 ´ 1 b ´ ZÓÓ Ÿ
	200 N. MAIN ST.	State Zip Code		<u> </u>
		<u>A 9270</u>	1	
	•			Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	, 900,00
	Office Sought: House Disbursen			
		Primary General Other (specify) ▼	1	
	State: District:	· · · · · · · · · · · · · · · · · · ·	_	
_	Full Name (Last, First, Middle Initial)	•		- · · · · ·
C.				
	Mailing Address			· · · · · · · · · · · · · · · · · · ·
	City	State Zip Code		
	· · · · · · · · · · · · · · · · · · ·	<b></b>		
	Purpose of Disbursement			
	Candidate Name		Category/	Amount of Each Disbursement this Period
			Type	5 · 7 7 · *
	Office Sought: House Disburser	ment For: Primary General		
	President	Other (specify) ▼	.	•
_	State: District:			
8	SUBTOTAL of Disbursements This Page (optional)	. ,	••••••	. 925.00
$\int$	OTAL This Period (last page this line number only)	)		. 7 3 *
۴				
FEO	IAN026			FEC Schedule B (Form 3X) Rev. 02/2003

29030070421

I ł

÷

.• .'

2

t

78

.

ITEMIZED DISBURSEMENTS       Use separate schedules) breakt expression of the patief Summary Page       icreate and yoan icreate any control of the patief Summary Page       icreate any control icreate any control of the patief Summary Page       icreate any control icreate any control of the patief Summary Page       icreate any control icreate any control of the patief Summary Page       icreate any control icreate any control icreate any control of the patief Summary Page       icreate any control icreate any control icreate any control of the patief Summary Page         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of control of the sold icreating to any control icreate any control of the purpose of a control of the patief Name (Last, Frist, Middle Inflat)       MAME OF COMMITTEE (In Full State       Date of Disbursement icreate any control icreate any control of the patief Name (Last, Frist, Middle Inflat)         A.       L inty of F SAN JUAN CAP ISTRANG State:       Date of Disbursement for icreate any control icreate any control icreate any control of the patient icreate any control icreate any contro icreate any control icreate any control icreate any	S	HEDULE B (FEC Form 3X)		FOR		 R:	PAGE 4	)F 7
Detailed Summary Page     210     22     23     24     26     20     30       Any information copied from such Reports and Statements may not be sold or used by any parson for the purpose of soliditing committee.     26     20     30       NAME OF COMMITTEE (in Full)     South DRANCE COUNTY DEMOCRAT&C LLUB     26     20     20       Fdl Name (Last, First, Middle Initial)     A.     City OF Son JUAN CAP ISTRANG     Date of Disbursement       A.     L 1YY OF Son JUAN CAP ISTRANG     Date of Disbursement     27     20     2     200 9       City AFSS     VAMINO DEL AN DAL     State     20 Code     20 Code     20 Code     20 Code       City ASTRANG     CAP ISTRANG     CAP ISTRANG     Category/     Amount of Each Disbursement this Period       Categoryi     Type     Categoryi     Type     .     .     .     .       State:     Disbursement For:     Categoryi     .     .     .     .     .     .       Mailing Address     CATY OF SAN JUAN CAP ISTRANG     CAP ISTRANG     .	IT	EMIZED DISBURSEMENTS		(check	k only one)			
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 DRANCE County DEMOCRATS C LLUB         Full Name (Last, First, Malie Inflat)         A.       Lity OF Son JUAN CAPISTRANG         Jate of Disbursement         Balling Address         ASGADS WATHING DEL AN ION         City       State         Candidate Inflation         MEECTING: ROOM RENTEL         Candidate Name         <								
South DRANCE COUNTY DEMOCRATS C LLUB         Full Name (Last, First, Midde Initial)         A.       City OF SAN JUAN CAP ISTRANG         Mailing Address       Date of Disbursement         25925       VAMININD DEL_AVIDN         City       State         20000       State         20000       State         City       State         Mailing Address       Amount of Each Disbursement         WE ETING       ROOM RENTAL         Candidate Name       Category         ME ETING       ROOM RENTAL         Candidate Name       Disbursement For:         Baseate       President         City       Senate         President       Disbursement For:         State:       Disbursement         Other (specify) v       State         State:       Disbursement         Mailing Address       Anount of Each Disbursement         Mailing Address       Anount of Each Disbursement         State:       Disbursement         City       State         Cold Disbursement       Category         Y       Y         State:       Disbursement         City       State         City								
Full Name (Last, First, Middle Initial)       A.       L ITY OF SAN JUAN CAP ISTRANG         Mailing Address       AM STUAL CAP ISTRANG       Date of Disbursement         MECETING       ROUM       REATS         Office Sought       House       Disbursement For:         Candidate Name       Category         Office Sought       House       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         B.       C ITY OF SAN JUAN CAP ISTRAND         Mailing Address       QAMI NO DEL AVION         2597 S       CAMI NO DEL AVION         Category       State         Office Sought:       House         Disbursement       Category         Type       State         Office Sought:       House         Disbursement For:       Category         Type       State         Office Sought:       House	$\square$	• •						
Full Name (Last, First, Middle Initial)       A.       L ITY OF SAN JUAN CAP ISTRANG         Mailing Address       AM STUAL CAP ISTRANG       Date of Disbursement         MECETING       ROUM       REATS         Office Sought       House       Disbursement For:         Candidate Name       Category         Office Sought       House       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         B.       C ITY OF SAN JUAN CAP ISTRAND         Mailing Address       QAMI NO DEL AVION         2597 S       CAMI NO DEL AVION         Category       State         Office Sought:       House         Disbursement       Category         Type       State         Office Sought:       House         Disbursement For:       Category         Type       State         Office Sought:       House	V	South DRANGE COL	INTY DEMO	LRA	TSC	LLUE	5	
L 1rty OF SON JUAN CAP ISTRANS <sup>1</sup> O Z O Z Z D P 9          Mailing Address <sup>2</sup> D Code          City       State <sup>2</sup> D Code          SAN DUAN CAP ISTRAND       CAP 926-75          Purpose of Disbursement        McECTING ROOM REALTEX          Cardidate Name <sup>2</sup> O Category/ <sup>3</sup> N O Code          Office Sought:       House          Disbursement For:           Other (specity) ▼          State:       District:          District:           Date of Disbursement          Mailing Address           259 A S           CAMI NO          259 A S        CAMI NO           O A 2 O G          Mailing Address           Z59 A S           Category/          City       State          Disbursement For:           Category/          Category/           State           Disbursement For:           Senate          Diffic	~	Full Name (Last, First, Middle Initial)						
Maing Address       QZ QZ QZ QIP 4         ASSPAS       VAMINIO DEL AVIDAL         City       SAN SUAN CAPISTRANO CA 92LoTS         Purpose of Disbursement       MEETING ROOM REALTAL         Candidate Name       Category/ Type         Office Sought:       House         Disbursement       Disbursement For:         State:       Disbursement For:         District:       Other (specify) ▼         Value       Disbursement For:         District:       Other (specify) ▼         Value       Disbursement For:         District:       Other (specify) ▼         Value       District:         Value       District:         Value       District:         Value       District:         Value       State         Zip Code       San JUAN CAPTISTRANO CA 92075         Purpose of Disbursement       Disbursement For:         State       Disbursement For:         State       Disbursement         Office Sought:       House         Disbursement       Other (specify) ▼         State       Disbursement         Category/       :2.2.99.50         Office Sought:       House         Disb	А,	CITY OF SAN JUAN CF	PISTRANO					¥
SAN TUAN CAPISTRAND CA: 92675         Propose of Disbursement         MEECTING-ROOM RENTAL         Candidate Name         Candidate Name         Office Sought:       House         Berate       Disbursement For:         President       Other (specify) ▼         State:       Disbursement For:         President       Other (specify) ▼         State:       Disbursement For:         President       Other (specify) ▼         Mailing Address       2593 S         2593 S       CAMI NO DEL AVION         City       State         Boom RENTAL       Category/ Type         Office Sought:       House         Bende       Category/ City         State       Zp Code         SAN JWAN CAPISTRAND       Category/ Type         Office Sought:       House         Disbursement For:       Other (specify) ▼         Candidate Name       Disbursement For:         Category/ Type       ; 2.99.50         Office Sought:       House         Disbursement For:       Disbursement For:         Category/ Type       ; 2.99.50         Office Sought:       Benate         President       Other (spec		Mailing Address 25925 VAMINO DEL	MON		0	202	200;	9
Purpose of Disbursement       MEETING- ROOM RENTAL       Category/ Type       Amount of Each Disbursement this Period         Cardidate Name       Senate       Disbursement For:		SAN JUAN CAPISTRAND	• _					
Office Sought:     House     Disbursement For:     Type       State:     Disbursement For:     Other (specify) ▼       State:     Disbursement For:     Other (specify) ▼       State:     Disbursement For:     Other (specify) ▼       Mailing Address     2x592 S     CAMINO DEL ANION       2x592 S     CAMINO DEL ANION     CAPISTRANO       City     State     Zp Code       State:     Disbursement     Category/       Type     Type     Type		Purpose of Disbursement			Armo	unt of Fach (	Dishursement this I	Period
Office Sought:       House       Disbursement For:       General         State:       Disbrict:       Other (specify) ▼         B.       C IM OF SAN JUAN CAPISTRAND       Date of Disbursement         Mailing Address       2592 S CAMINO DEL AVION       Date of Disbursement         City       State:       Disbursement         City       State       Zp Code         SAN JUAN CAPISTRANO       Amount of Each Disbursement this Period         Candidate Name       Category/ Type       , 259.50         Office Sought:       House       Disbursement For:         Benate       President       Category/ Type         Office Sought:       House       Disbursement For:         Benate       President       Other (specify) ▼         State:       Disbursement For:       Beneral         Office Sought:       House       Disbursement For:         Benate       President       Other (specify) ▼         State:       District:       Date of Disbursement         State:       District:       Date of Disbursement         City       State       Zp Code         SAN JUAN CAPISTRANO CA 12675       Purpose of Disbursement         City       State       Zp Code		Candidate Name			ny/			
State:       District:         Full Name (Last, First, Middle Initial)         B.       CITY OF SAN JUAN CAPISTRAND         Mailing Address       2593 S CAMINO DEL AVION         City       State         ZPODE       Amount of Each Disbursement         Mailing Address       Category/ SAN JUAN CAPISTRANO CAP 9267S         Purpose of Disbursement       Category/ President         Candidate Name       Disbursement For: President         Senate       Primary         Office Sought:       House         Disbursement For:       Senate         President       Other (specify) ▼         State:       Disbursement For:         Senate       Primary         Office Sought:       House         State:       Disbursement For:         State:       Disbursement for:         State:       District:         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       State         State:       Do HENY         State       Zip Code         SAN JUAN CAPISTRAND CA 1267S         Purpose of Disbursement         Part				Type		. 7	, . <b>.</b> .	
Full Name (Last, First, Middle Initial)       Date of Disbursement         B.       CITY OF SAN JUAN CAPISTRAND       Date of Disbursement         Mailing Address       2593 S CAMINO DEL AVION       City Of State Zp Code         SAN JUAN CAPISTRANO CA 9267S       Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category/ Type			• I					
B. <u>CITY OF SAN JUAN CAP(STRAND</u> Mailing Address <u>259D S CAMINO DEL AVION</u> City <u>State</u> Zp Code <u>SAN JUAN CAP(STRANO CA 90675</u> Purpose of Disbursement <u>Room RENTAL</u> Candidate Name <u>Category/</u> <u>Type</u> Office Sought: House <u>Disbursement For:</u> <u>Senate</u> <u>Primary</u> <u>General</u> <u>Other (specity)</u> <u>State</u> : <u>Disbursement</u> <u>State</u> : <u>Disbursement for:</u> <u>Senate</u> <u>Primary</u> <u>General</u> <u>Other (specity)</u> <u>State</u> : <u>Disbursement</u> <u>State</u> : <u>Disbursement for:</u> <u>State</u> : <u>Disbursement For:</u> <u>Senate</u> <u>Primary</u> <u>General</u> <u>Other (specity)</u> <u>State</u> : <u>Disbursement</u> <u>State</u> : <u>Disbursement</u> <u>State</u> : <u>Disbursement</u> <u>State</u> : <u>Disbursement</u> <u>State</u> : <u>Disbursement</u> <u>Amount of Each Disbursement</u> <u>State State</u> <u>State State</u> <u>State</u> : <u>Disbursement</u> <u>State</u> : <u>Disbursement</u> <u>Amount of Each Disbursement this Period</u> <u>Amount of Each Disbursement this Period</u>								
Mailing Address       23 04 & & 009         25935       CAMINODEL AVION         City       State       Zip Code         SAN JWAN CAPISTRANO CA 92675       Amount of Each Disbursement this Period         Purpose of Disbursement       Category/ Type	В.	Full Name (Last, First, Middle Initial)			Date	e of Disburser	ment	
2593 S       CAIMINO DEL AVION         City       State       Zip Code         SAN JUAN CAPISTRANO CA 9067S       Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category/ Type       , 299.50         Office Sought:       House       Disbursement For:         Senate       President       Other (specify) $\checkmark$ State:       District:       Disbursement For:         Full Name (Last, First, Middle Initial)       C         C.       State       Disbursement         Mailing Address       30959       Do HENY PABK RD         City       State       Zip Code         SAN JUAN CAPISTRANO CA 9267S       Amount of Each Disbursement this Period         City       State       Zip Code         SAN JUAN CAPISTRANO CA 9267S       Amount of Each Disbursement this Period         City       State       Zip Code         SAN JUAN CAPISTRANO CA 9267S       Amount of Each Disbursement this Period         City       State       Zip Code         SAN JUAN CAPISTRANO CA 9267S       Amount of Each Disbursement this Period         City       State       Zip Code         Candidate Name       Cotecent/ <td></td> <td>CITY OF SAN JUAN (</td> <td>APISTRANO</td> <td></td> <td></td> <td></td> <td></td> <td>۲</td>		CITY OF SAN JUAN (	APISTRANO					۲
City       State       Zip Code         SAN JUAN CAPISTRANO CA 9067S       Amount of Each Disbursement this Period         Room Richtal       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General       Other (specify) ▼       Date of Disbursement         State:       District:       District:       Date of Disbursement       Date of Disbursement         C.       State       State       Zip Code       Amount of Each Disbursement         City       State       Zip Code       Amount of Each Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         Purpose of Disbursement       Amount of Each Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         Purpose of Disbursement       Amount of Each Disbursement this Period       Amount of Each Disbursement this Period		25925 CAMINO DEC	L AVION			3 14	~ ~ <i>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </i>	
Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category/ Type       , 2.39.50         Office Sought:       House       Disbursement For:       , 2.39.50         Office Sought:       President       Other (specify) ▼       General         State:       District:       Other (specify) ▼       Date of Disbursement         Full Name (Last, First, Middle Initial)       C.       Date of Disbursement         City       State       Do HENY PABK RD       0 / 0 8 ' 200 9         City       State       Zip Code       Amount of Each Disbursement this Period         Purpose of Disbursement       State       Zip Code       Amount of Each Disbursement this Period         PRIN TING-       Candidate Name       Category/       Amount of Each Disbursement this Period		City	State Zip Code	-	{			
Candidate Name       Category/ Type       Category/ Type       . 239.50         Office Sought:       House       Disbursement For:		Purpose of Disbursement		<b></b> _			<b></b>	
Type		Candidate Name		Categor		ount of Each I		
Senate       Primary       General         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       STAPLES         Mailing Address       D0 HENY PABK R'D         33959       D0 HENY PABK R'D         City       State         State       Zip Code         SAN JUAN CAPISTRANO CA 42675         Purpose of Disbursement         PRINTING-         Candidate Name						.' <b>9</b>	; <b>239</b> .	50
State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       STAPLES         Mailing Address       Do HENY PARK RD         33959       Do HENY PARK RD         City       State         State       Zip Code         SAN JUAN CAPISTRANO       42675         Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category			_					
C. <u>STAPLES</u> Mailing Address <u>33959 DOHENY PARK RD</u> City <u>State</u> Zip Code <u>SAN JUAN CAP ISTRANO CA 92675</u> Purpose of Disbursement <u>PRIN TING</u> Candidate Name			Other (specify)					
STAPLES       Mailing Address         Mailing Address       DO HENY PARK RD         33959       DO HENY PARK RD         City       State       Zip Code         SAN JUAN CAPISTRANO CA 92675         Purpose of Disbursement       PRINTING         Candidate Name       Category	_	Full Name (Last, First, Middle Initial)			Det	n of Dichurpon	mant	
Mailing Address       0108 2009         33959 DOHENY PARK RD       City         State       Zip Code         SAN JUAN CAPISTRANO CA 92675         Purpose of Disbursement         PRINTING         Candidate Name	C.	STAPLES			M			x
City SAN JUAN CAPISTRAND CF 202675 Purpose of Disbursement PRINTING Candidate Name		Mailing Address	KRD		0	10.	8 200	7 <sub>.</sub>
PRINTING Candidate Name Catagony		SAN JUAN CAPISTRAN	State Zip Code	•				
Category/				• •	Am	ount of Each I	Nichursement this	Period
					ry/			
Office Sought:   House   Disbursement For:		Office Sought:   House   Disburse	ment For:	Туре		• •	, 190	1)
Senate Primary General		Senate	Primary General					
State: District: Other (specify) ▼			Other (specify)					
SUBTOTAL of Disbursements This Page (optional)	Γ	SUBTOTAL of Disbursements This Page (optional)			· •		530	21
TOTAL This Period (last page this line number only)	Ţ.	OTAL This Period (last page this line number only	)		·· <b>&gt;</b>		-	

•

29030070422

. '

. •

SCHEDULE B (FEC Form 3X)	ſ <u></u>	FC	DR I		UMBEF			_	P/	GE 5	OF 7
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	one)	 	<b>]</b> ~~	r			
	Detailed Summary Page		Н	21b 27	22 28a	┢	23 281	,	24 28c	25	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or used the and address of any political	iby a	any Imit	perso tee to	n for the solicit co	pur pur	pose putio	e of	solicitii from su	ng contrib ch comm	utions ittee.
NAME OF COMMITTEE (In Full)	_										
Full Name (Last, First, Middle Initial)	UNTY DEMO	U	25	176							
A. STAPLES					Date (					• • •	<b>v</b> .
Mailing Address <u>33959 Doweny PA</u> City	RK RD State Zip Code				0 8	<u>ح</u>	0	2		200	9
SAN JUAN CAPISTRANO Purpose of Disbursement		>									
PRINTING/OFFICE Super Candidate Name	PUES	Cate	000		Amou	nt of	Eac	h D		ment this	
Office Sought:   House   Disbursen			/pe	y/			7		5	23	6.85
State: District:	Primary General Other (specify) v										
Full Name (Last, First, Middle Initial) B.					Date of	of Di	sbur	sen	nent		
STAPLES Mailing Address 33959 DOHENY PI	HRKRD				0	2	0	2	6	200	ġ.
City SAN JWAN CAPISTR Purpose of Disbursement	State Zip Code	75	>								
OFFICE SUPPLIES Candidate Name		Cate Ty	∷ egor ∕pe	ry/	Amou	nt of				ment this	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) <del>_</del>		<u> </u>								
Full Name (Last, First, Middle Initial) C. STAPLES		_			Date (					¥ ¥ . ¥	Y
Mailing Address 33959 DOHENY PA	rk RD				0.	4			0.	200	7 <u>9</u>
City 5AN JUAN CAPISTRAN Purpose of Disbursement	State Zip Code	5									
Candidate Name		Cate			Amou	nt of	Eac	h C	Disburse	ement this	
Office Sought: House Disburser Senate President District:	nent For: Primary ☐ General Other (specify) ▼		<u>Abe</u>				:		ž	Ċ.	403
SUBTOTAL of Disbursements This Page (optional)				•			.7		• •	290	7,28
TOTAL This Period (last page this line number only)	)			•		_	. :		3		

FEC Schedule B (Form 3X) Rev. 02/2003

.

•

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 6 OF 7						
ITEMIZED DISBURSEMENTS . Use separate schedule(s) tor each category of the			ly one)						
	Detailed Summary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
SOUTH ORANGE COU	NTY NEMO	DAT	TO CLUB -						
Full Name (Last, First, Middle Initial)	NULLECIUM								
A. STAPLES									
Mailing Address 33959 DOHENY PAR	KRD		03 Rr ROOY						
City	State Zip Code								
5AN JUAN CAPISTRA Purpose of Disbursement	NO CA 921	75	4						
PRINTING- Candidate Name	·		Amount of Each Disbursement this Period						
		Category/ Type	248.18						
Office Sought: House Disbursen	nent For: Primary General								
	Other (specify)								
State: District: Full Name (Last, First, Middle Initial)									
<b>B.</b>		- 0 - 400	Date of Disbursement						
SAN JUAN CAPISTRAN	HESTA ASS	OC AT	02 85 2009						
1.V. 18VX 519	7.0.1	<u> </u>							
SAN JUAN CAPISTRAND	State Zip Code A 92615	-							
Purpose of Disbursement BOOTH RENTAL	· · · · · · · · · · · · · · · · · · ·		Amount of Each Disbursement this Period						
Candidate Name		Category/	25500						
Office Sought:   House   Disbursen	nent For:	Туре	, , , <i>a c c c c</i>						
President	Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) C.	,		Date of Disbursement						
UNIVERSAL PRESS									
Mailing Address 934 CALLE NEEOCIO			8225 2009						
City	State Zip Code								
Purpose of Disbursement			4						
PRINTING Candidate Name		Örtranni	Amount of Each Disbursement this Period						
		Category/ Type	242.43						
Office Sought: House Disburser Senate	nent For: Primary 🦳 General								
President	Other (specify)								
State: District:			. <u></u>						
SUBTOTAL of Disbursements This Page (optional)	· · ·		74561						
TOTAL. This Period (last page this line number only	)	••••••	3 y •						
	<u></u>								
FEGAN026			FEC Schedule B (Form 3X) Rev. 02/2003						
			2						

• '

. •

:

ť

۱ . ł

ه,

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 7 OF 7	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	210	22 23 24 25 26 28a 28b 28c 29 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)				
Full Name (Last, First, Middle Initial)	NTY DEMOC	RATIC	eluz	
A. CAROL WILSON		Date of Disbursement		
Mailing Address 34912 CALLE FORTUNA			03 17 2009	
City State Zip Code CAPISTRANO BEACH CA 92624				
Purpose of Disbursement				
Candidate Name C		Category/	Amount of Each Disbursement this Period	
Office Sought:   House   Disbursem	ent For:	Туре	<del>,</del> , <b>~~</b> 6. <b>~</b> 5	
	Primary [_] General Other (soecify) <b>▼</b>			
State: District:	·			
Full Name (Last, First, Middle Initial) B.		ĺ	Date of Disbursement	
AWARDS N MORE			02 25 2009	
Mailing Address <u>439-A N EL CAMINO REAL</u>			02 25 2009	
City	itate Zip Code			
SAN CLEMENTE CA 92672 Purpose of Disbursement				
PLAQUE			Amount of Each Disbursement this Period	
		Category/ Type	40,00	
Office Sought: House Disbursem	_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)	<u>ب ن میں اور میں میں اور اور اور اور اور اور اور اور اور اور</u>			
C. AWARDS N MORE			Date of Disbursement	
Mailing Address 439-ANEL CAMINOREAL			03'06'2009	
	itate Zip Code CA 92672			
Purpose of Disbursement				
Candidate Name Category/		Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For:	Туре		
	Primary General Other (specify) <del>▼</del>			
SUBTOTAL of Disbursements This Page (optional)			: 347.34	
TOTAL This Period (last page this line number only).		····· <b>&gt;</b>	; 347.34 ; 4,587.93	

.

ហ

. .

## 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.

Hand Delivered	Date of Receipt		
USPS First Class Mail	Postmarked		
USPS Registered/Certified	Postmarked (R/C)		
USPS Priority Mail	Postmarked		
Delivery Confirmation <sup>™</sup> or Signature Confirmation <sup>™</sup> Label			
USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date 4/14/09 usiness Day Delivery		
Received from House Records & Registration Office	Date of Receipt e		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Dat Other (Specify):	te of Receipt or Postmarked		
SA-	4/15/09		
PREPARER (3/2005)	DATE PREPARED		