

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BUMP HANNAH

Report Covering the Period: From: MM / DD / YYYY To: MM / DD / YYYY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006	,	1,328.39
(b) Cash on Hand at Beginning of Reporting Period.....	,	1,428.39
(c) Total Receipts (from Line 19).....	,	1,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	,	1,428.39
7. Total Disbursements (from Line 31).....	,	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	,	1,428.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	,	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	,	0

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

26039120488

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLUMP HANGAR

Report Covering the Period: From: **04 ' 01 ' 2006** To: **06 ' 30 ' 2006**

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).....	0	0
(ii) Unitemized.....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	0
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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))	,	,	,	,
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)) ..	,	,	,	,
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	,	,	,	,

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, , - 0	, , - 0
34. Total Contribution Refunds (from Line 2B(d))	, , - 0	, , - 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, , - 0	, , - 0
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	, , - 0	, , - 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	, , - 0	, , - 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, , - 0	, , - 0

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**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"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)
ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLIMP HANGAR

A. Full Name (Last, First, Middle Initial) NONE		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Amount of Each Receipt this Period , , .		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	
B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Amount of Each Receipt this Period , , .		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	
C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Amount of Each Receipt this Period , , .		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	

SUBTOTAL of Receipts This Page (optional).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , . 0

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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 OF

21b 22 23 24 25 26
 27 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)

ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLIMP HOUSE

Full Name (Last, First, Middle Initial)

A.

Mailing Address: **NONE**

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

B.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

C.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

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

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

_____ **0**

26039120493

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20483

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLIMP HANGAR		FEC IDENTIFICATION NUMBER C00414516
LENDING INSTITUTION (LENDER) Full Name NONE	Amount of Loan , , .	Interest Rate (APR) % .
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred M M / D D / Y Y Y Y		
B. If line of credit, Total Outstanding Balance: Amount of this Draw: , , . , , .		
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? , , . Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? , , .
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(a)(2). Date account established: M M / D D / Y Y Y Y Location of account: _____ Address: _____ City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.		
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE M M / D D / Y Y Y Y
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.		
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____ Title _____		DATE M M / D D / Y Y Y Y

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLUMP HANNA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
NONE	
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶			
2) TOTALS This Period (last page this line number only).....▶			000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶			000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶			000

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLIMP HAVEN	FEC IDENTIFICATION NUMBER C 00414516
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee NONE	Date M M / D D / Y Y Y Y
Mailing Address	Amount , , -
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought , , -	
Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount , , -
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought , , -	
Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	, , - 0
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	, , - 0
(c) TOTAL Independent Expenditures.....▶	, , - 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *Jack [unclear]* Date **07 12 2006**

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SCHEDULE F (FEC Form 3X)

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

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

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLIMP HANGAR	Check if 24-hour notice
---	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶		Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶		Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶		Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional).....▶	,	,	.
TOTAL This Period (last page this line number only).....▶	,	,	0

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLMP HAVAN

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage *NO EXPENDITURES THIS PERIOD*

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

26039120499

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BEIMP HALL OR

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT
ACTIVITIES 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. 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. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p><u>None</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %

26039120500

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BUMP HANGAR

NAME OF ACCOUNT	DATE OF RECEIPT M / D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		\$ 0

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	\$	0	-
ii) Generic Voter Drive	\$	0	-
iii) Exempt Activities	\$	0	-
iv) Direct Fundraising (List Activity or Event Identifier)			
a)	\$	0	-
b)	\$	0	-
c) Total Amount Transferred For Direct Fundraising	\$	0	-
v) Direct Candidate Support (List Activity or Event Identifier)			
a)	\$	0	-
b)	\$	0	-
c) Total Amount Transferred For Direct Candidate Support	\$	0	-
vi) Public Communications Referring Only to Party (Made by PAC)	\$	0	-

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	\$	0	-
TOTAL This Period (Generic Voter Drive)	\$	0	-
TOTAL This Period (Exempt Activities)	\$	0	-
TOTAL This Period (Direct Fundraising)	\$	0	-
TOTAL This Period (Direct Candidate Support)	\$	0	-
TOTAL This Period (Public Communications Referring Only to Party)	\$	0	-
TOTAL This Period (Total Amount Transferred)	\$	0	-

26039120501

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE _____ OF _____
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLIMP HARBOR

A. Full Name (Last, First, Middle Initial) NONE		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))			
FEDERAL SHARE		NONFEDERAL SHARE	TOTAL AMOUNT

26039120502

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 7/13/06
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

QAD
 PREPARER
 (3/2005)

7/14/06
 DATE PREPARED

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