2019: 09: 18: 08: 00294545

2019 SEP 13 AM 11: 26

Federal Election Commission Washington, DC 20463

ATTN: Sarah Juris, Campaign Finance & Reviewing Analyst

Dear Ms. Juris,

I received your letter addressed to Willa Porter dated July 17, 2019. I have been on an extended vacation this summer and did not receive this letter until today.

Since the club had a complete turnover of its Board of Directors last year, no one was aware that a revised Form 1 needed to be filed. I am now enclosing an updated form.

I am also enclosing the summary page of the Jan-March 2019 Form 3X to show the subtotal of line 6d in Column A as requested. This oversight does not change any other numbers in the form.

Thank you.

Sincerely,

Marsha Murphy

Treasurer, SOCDC

FEC FORM 1

STATEMENT OF ORGANIZATION

REGEIVED JOS MAIL CENTER

7919 SEPOMA USE POMY : 26

NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
South Orange	Տօսլth Orange County Democratic Club							
<u> </u>								
ADDRESS (number a	nd street) PO	Box 7292		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 				
【	address							
2 0 1 9 COMMITTEE'S E-M	[Car	oistrano _, Beach, city∡		C 92624 STATE ▲	ZIP CODE ▲			
COMMITTEE'S E-MA								
(Check if is change								
1		nal Second E-Mail Ad dcchair@gmail						
COMMITTEE'S WEE								
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2. DATE OS	11 /	2019						
3. FEC IDENTIFICATION NUMBER ► C 00421057								
4. IS THIS STATE	MENT N	EW (N) OR	AMENDED (A)					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer Marsha Murphy								
Signature of Treasurer Mausla Musl								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use Only			For further Information of Federal Election Commiss Toll Free 800-424-9530	ion FE	EC FORM 1 Revised 06/2012)			

	1.0	1 430 2							
5.		COMMITTEE							
	-	Committee:							
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	Name of Candidate								
	Candidate Party Affil								
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate								
	Party C	ommittee:							
	(d)	Subordinat (National, State (Democratic, ic Fepublican, etc.) Party.							
	Politica	Action Committee (PAC):							
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:							
		Corporation Corporation w/o Capital Stock Labor Organization							
		Membership Organization Trade Association Cooperative							
		In addition, this committee is a Lobbyist/Registrant PAC.							
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)							
		In addition, this committee is a Lobbyist/Registrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	Joint Fundraising Representative:								
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
	C	nmittees Participating in Joint Fundraiser							
	1.								
	2.	FEC ID number							
	3.	FEC ID number C							
	4.	FEC ID number							

FEC Form 1 (Revised (02/2009)	Page 3				
Write or Type Committee Name						
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor				
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor				
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in pos	session of committee				
Full Name Marsha	а Мигрhy					
Mailing Address	32481 Via Los Santos					
	San Juan Capistrano C 92675	ـــا-لـــ				
Title or Position	CITY STATE	ZIP CODE				
Treasurer	Telephone number 714 - 9	06 _ 5869				
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of				
Full Name of Treasurer Marsha	а Мџгрhy					
Mailing Address	32481 Via Los Santos					
		<u> </u>				
	San Juan Capistrano CITY STATE	ZIP CODE				
Title or Position Treasurer	Telephone number 7,14 - 9	06 5869				
١.						

2019-09-

2019 - G9 - IM: OM: OQ2945M

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EP14F Oct 2018

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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USPS Priority Mail Express	Postmarked					
Postmark Illegible	·					
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery					
Received from House Records & Registration	Date of Receipt Office					
Received from Senate Public Records Office	Date of Receipt					
Received from Electronic Filing Office	Date of Receipt					
Other (Specify):	Date of Receipt or Postmarked					
ES	9/13/19					
PREPARER	DATE PREPARED					

PREPARER (3/2015)