PAGE 1 / 8

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X		n Authorized Con		Office	Llac Only
1. NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼	Example: over the li	If typing, type nes.	12FE4M5	Use Only
SOUTH ORANGE COU	NTY DEMOC	RATIC CLUB			1
ADDRESS (number and street)	PO BOX 7292				
Check if different than previously reported. (ACC)	CAPISTRANO BEA	ACH		CA 9262	24
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00421057		3. IS THIS REPORT	NEW (N) OR	AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Sep 20 (M9)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31	PRE-Elect	etion or the: Conve	Jul 20 (M7) y (12P) ntion (12C)	General (12G) Special (12S)	Runoff (12R)
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day POST-Eld Report fo		al (30G)	Runoff (30R)	State of Special (30S) in the
(TER)		Election on			State of
5. Covering Period 04	/ D D / Y	2020 thro	ough 06		020
I certify that I have examined this Type or Print Name of Treasurer	Report and to the Lewandowski, And		and belief it is tr	ue, correct and compl	ete.
Signature of Treasurer	lowski, Andy, J, ,	[Electr	onically Filed] [2020
NOTE: Submission of false, erroneo	us, or incomplete in	formation may subject th	ne person signing t	his Report to the pena	Ities of 52 U.S.C. § 30109
Office Use				FE	C FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	(a) Cash on Hand January 1, 2020		4309.83
	(b) Cash on Hand at Beginning of Reporting Period	7992.30	
	(c) Total Receipts (from Line 19)	163.00	4845.02
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8155.30	9154.85
7.	Total Disbursements (from Line 31)	333.45	1333.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7821.85	7821.85
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	24.00	241.00		
(ii) Unitemined	139.00	1877.00		
(ii) Unitemized(iii) TOTAL (add	133.00	1077.00		
Lines 11(a)(i) and (ii)	163.00	2118.00		
Lines Tr(a)(i) and (ii)	4. 4	4 4		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	2727.02		
(d) Total Contributions (add Lines		,		
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	163.00	4845.02		
Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
	0.00	0.00		
All Loans Received	0.00	0.00		
		0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)	0.00	0.00		
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made				
to Federal Candidates and Other Political Committees	0.00	0.00		
Other Federal Receipts	0.00	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds	0.00	4 4		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
_	7 7	7 7 7		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(2, 22 225 (4 4	45 45		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d),	402.00	4845.02		
12, 13, 14, 15, 16, 17, and 18(c))▶ Total Federal Receipts	163.00	4040.02		
. C.a Gadiai i idooipio				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronau rour to buto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		7 7 7
Expenditures(c) Total Operating Expenditures	210.45	1210.00
(add 21(a)(i), (a)(ii), and (b))▶	210.45	1210.00
Transfers to Affiliated/Other Party Committees	75.00	75.00
Contributions to Federal Candidates/Committees	4 4	0.00
and Other Political Committees Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	48.00	48.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	3:00	4 4
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	48.00	48.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	333.45	1333.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	333.45	1333.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 5
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)	163.00	4845.02
34. Total Contribution Refunds (from Line 28(d))	48.00	48.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	115.00	4797.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	210.45	1210.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	210.45	1210.00

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

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

FOR LINE NUMBER:						PAGE		6	OF	8	
	(check only one)										
		×	11a		11b		11c		12	2	
			13		14		15		16	6	17

		political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOUTH ORANGE COUNTY D	EMOCRATIC CLUE	3
Full Name of Individual (Last, First, Middle I Cavner, Gayle, , ,	nitial) or Full Organization Na	nme Date of Receipt
Mailing Address po box 1974		06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4259
Laguna Beach	CA 92652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.00
Name of Employer (for Individual)	Occupation (for Inc	dividual) Memo Item
Not employed	Not employed	March meeting
Receipt For:	Aggregate Year-to-Date	7
Primary General Other (specify) ▼		218.00
		40.
Full Name of Individual (Last, First, Middle I DeSa, Christopher, , ,	nitial) or Full Organization Na	Date of Receipt
Mailing Address 24 Lustre Street		06 03 2020
City	State Zip Code	
Rancho Mission Viejo	CA 92694	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	45.00	
Name of Employer (for Individual) FTI Consulting	Occupation (for Inc Managing Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	45.00
Full Name of Individual (Last, First, Middle I Larrabee, Dana, , ,	nitial) or Full Organization Na	Date of Receipt
Mailing Address 4095 Oceanside Blvd.		05 04 2020
City	State Zip Code	Transaction ID : SA11AI.4251
Oceanside	CA 92056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Inc	dividual)
Colorado Boomerangs, LLC	Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	
SUBTOTAL of Receipts This Page (optional)	1	
TOTAL This Period (last page this line numbe	or only)	24.00

S 17

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 Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	11	novoto salas dels ()	FOR LINE NUMBER: PAGE 7 OF 8						
Any information copied from such Reports and Statements may not be abld or used by any person for the purpose of solicing contributions of to 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 Full Name (Last, First, Middle Initial) A. WIX Mailing Address wix.com City State Disbursement Websate Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Disbursement For: Sanata President Disbursement For: Purpose of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) B. Date of Disbursement Category/ Type Transaction ID . S8218.4260 Amount of Each Disbursement B. Date of Disbursement Category/ Type Tell Name (Last, First, Middle Initial) B. Date of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement bis Period Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement bis Period Full Name (Last, First, Middle Initial) Date of Disbursement bis	ITEMIZED DISBURSEMENTS	for each	for each category of the							
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NAME OF COMMITTEE (in Full) SOUTH ORANGE COUNTY DEMOCRATIC CLUB Full Name (Last, First, Middle Initial) Mailing Address wix.com City Purpose of Disbursement Website Candidate Name Office Sought:	Any information copied from such Reports and Star	tements may	not be sold or us	ed by any pe	rson for the	purpose o	of soliciting contributions			
SOUTH ORANGE COUNTY DEMOCRATIC CLUB Full Name (Last, First, Middle Initial) A. WIX Mailing Address wix.com City Purpose of Disbursement Websate Candidate Name Office Sought: House Persident Pirmary General Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) B. Date of Disbursement by Persident Disbursement For: Full Name (Last, First, Middle Initial) B. Date of Disbursement Date of Disbursement Candidate Name Date of Disbursement Candidate	1 1 7	ame and ad	uress or any politic	ai committee	to solicit cor	ILTIDUTIONS	iroπ such committee.			
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Candidate Name Candidate Name Category/ Office Sought: House Senate President Disbursement For: State: District: District: District: District: Disbursement For: State: District: District: District: District: Disbursement Disbursement This Period Malling Address City State: Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement this Period Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement this Period Amount of Each Disbursement Category/ Type FEC Identification Number Category/ Type Category/ Type Date of Disbursement this Period Memo Item State: District: Memo Item State: Disbursement Disbursement For: Senate President Other (specify) Memo Item Substate: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item	City	State	Zip Code		FEC Ide	FEC Identification Number				
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SCHEDULE B (FEC Form 3X)	Har -	ata ada ada 177	FOR LINE NUMBER: PAGE 8 OF 8						
ITEMIZED DISBURSEMENTS	I for each category of the I ` —			eck only one)					
		ummary Page		1b x 22 3a 28b	23 28c	26 27 29 30b			
Any information copied from such Reports and Statem	nents may no	ot be sold or use	ed by any p	erson for the	purpose of	soliciting contributions			
or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	000 A TIC	2 01 1 1 1							
$ \hspace{.05cm} angle$ SOUTH ORANGE COUNTY DEMO	CRATIC	CLUB							
Full Name (Last, First, Middle Initial)									
A. DEMOCRATIC PARTY OF ORANG	GE COU	NTY FED P	AC	Date o	f Disbursen	nent			
Mailing Address 249 E. OCEAN BLVD., SUITE 685				04	04 27 2020				
	State	Zip Code		FEC. Id	entification	Number			
20.10 22.10.1	CA	90802							
Purpose of Disbursement Chartering fee			001		C C00321943				
Candidate Name			Category/			D : SB22.4240 Disbursement this Period			
			Type						
Office Sought: House Disbursem Senate	nent For: Primary	General			75.00				
	Other (speci								
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Full Name (Last, First, Middle Initial)									
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	Other (speci-	fy)		Me	mo Item				
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City	State	Zip Code		FEC. Id	entification	Number			
Purpose of Disbursement					- Initioation				
Purpose of Disbursement									
Candidate Name			Category/	Amoun	Amount of Each Disbursement this Period				
	Туре								
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						75.00			
SUBTOTAL of Disbursements This Page (optional)			·····•			75.00			
TOTAL This Period (last page this line number only).						75.00			