

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2018 JAN 24 PM 3:30
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

ADDRESS (number and street)

P.O. BOX 7292



Check if different than previously reported. (ACC)

CAPITRANO BEACH CA 92629

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00421057

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- 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)

(b) Monthly Report Due On:

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

01 / 01 / 2017

through

12 / 31 / 2017

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

JENNIFER GOLDEN

Signature of Treasurer

Jennifer Golden

Date

01 / 16 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

2018-01-24 00:00:00

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Report Covering the Period: From: 01 / 01 / 2017 To: 12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017	5627.77	5627.77
(b) Cash on Hand at Beginning of Reporting Period	5627.77	
(c) Total Receipts (from Line 19)	30437.52	30437.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36065.29	36065.29
7. Total Disbursements (from Line 31)	21790.19	21790.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14275.10	14275.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	øøøøø	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	øøøøø	

20180124 0010187702

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

DETAILED SUMMARY PAGE
of Receipts

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Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Report Covering the Period: From:

MM	DD	YYYY
01	01	2017

 To:

MM	DD	YYYY
12	31	2017

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).....	6,960.00	6,960.00
(ii) Unitemized.....	1,911.84	1,911.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2,607.84	2,607.84
(b) Political Party Committees.....	3,315.00	3,315.00
(c) Other Political Committees (such as PACs).....	1,044.08	1,044.08
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	30,437.52	30,437.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	30,437.52	30,437.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30,437.52	30,437.52

2018-01-24 09:00:00

DETAILED SUMMARY PAGE
of Disbursements

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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	00000	00000
(ii) Non-Federal Share	00000	00000
(b) Other Federal Operating Expenditures	21,790.19	21,790.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21,790.19	21,790.19
22. Transfers to Affiliated/Other Party Committees	00000	00000
23. Contributions to Federal Candidates/Committees and Other Political Committees	00000	00000
24. Independent Expenditures (use Schedule E)	00000	00000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	00000	00000
26. Loan Repayments Made	00000	00000
27. Loans Made	00000	00000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00000	00000
(b) Political Party Committees	00000	00000
(c) Other Political Committees (such as PACs)	00000	00000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00000	00000
29. Other Disbursements (Including Non-Federal Donations)	00000	00000
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00000	00000
(ii) "Levin" Share	00000	00000
(b) Federal Election Activity Paid Entirely With Federal Funds	00000	00000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	00000	00000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21,790.19	21,790.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	00000	00000

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

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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).....	30,437.52	30,437.52
34. Total Contribution Refunds (from Line 28(d)).....	φφφφφ	φφφφφ
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	30,437.52	30,437.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....▶	21,790.19	21,790.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	φφφφφ	φφφφφ
38. Net Operating Expenditures (subtract Line 37 from Line 36).....▶	21,790.19	21,790.19

NON-FEDERAL CAMPAIGN

**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 1 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DEMOCRATIC PARTY OF ORANGE COUNTY			Date of Receipt MM / DD / YYYY 04 / 03 / 2017	
Mailing Address 1916 WEST CHAPMAN AVENUE STE. B			Amount of Each Receipt this Period 3,315.00	
City ORANGE	State CA	Zip Code 92868		
FEC ID number of contributing federal political committee. C 00 321943				
Name of Employer (for Individual)		Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3,315.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NORA SEKOWSKI			Date of Receipt MM / DD / YYYY 08 / 09 / 2017	
Mailing Address 2819 RIACHUELO			Amount of Each Receipt this Period 320.00	
City SAN CLEMENTE	State CA	Zip Code 92673		
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) ACTING COACH		Occupation (for Individual) YOUNG ACTORS' SPACE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SEE MEMO		Aggregate Year-to-Date ▼ 320.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GAYLE CAVNER			Date of Receipt MM / DD / YYYY 09 / 29 / 2017	
Mailing Address P.O. BOX 1974			Amount of Each Receipt this Period 500.00	
City LAGUNA BEACH	State CA	Zip Code 92652		
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) NOT EMPLOYED		Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SEE MEMO		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional).....▶	4,135.00
TOTAL This Period (last page this line number only).....▶	

**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 2 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GAYLE CAUSER			Date of Receipt M M / D D / Y Y Y Y 10 23 2017	
Mailing Address P.O. BOX 1974			Amount of Each Receipt this Period 225.00	
City LAGUNA BEACH	State CA	Zip Code 92652		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 225.00	
Name of Employer (for Individual) NOT EMPLOYED		Occupation (for Individual)		Memo Item HOLIDAY BRUNCH TICKETS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SEE MEMO		Aggregate Year-to-Date ▼ 725.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TED PERLE			Date of Receipt M M / D D / Y Y Y Y 10 23 2017	
Mailing Address 22826 COSTA BELLA DRIVE			Amount of Each Receipt this Period 200.00	
City LAKE FOREST	State CA	Zip Code 92630		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 200.00	
Name of Employer (for Individual) NOT EMPLOYED		Occupation (for Individual)		Memo Item HOLIDAY BRUNCH TICKET + DONATION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SEE MEMO		Aggregate Year-to-Date ▼ 200.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JENNIFER GOLDEN			Date of Receipt M M / D D / Y Y Y Y 10 24 2017	
Mailing Address 23958 COPENHAGEN STREET			Amount of Each Receipt this Period 300.00	
City MISSION VIEJO	State CA	Zip Code 92691		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) RETIRED		Occupation (for Individual)		Memo Item HOLIDAY BRUNCH DONATION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional).....	725.00
TOTAL This Period (last page this line number only).....	

NOT FOR POSTAL USE

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 3 OF 4	
	<input checked="" 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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NAME OF COMMITTEE (In Full)
SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. JENNIFER GOLDEN		Date of Receipt M M / D D / Y Y Y Y 10 30 2017
Mailing Address 23958 COPENHAGEN STREET		Amount of Each Receipt this Period 750.00
City MISSION VIEJO	State CA	
Zip Code 92691		Memo Item HOLIDAY BRUNCH TICKETS
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED	Occupation (for Individual)	Amount of Each Receipt this Period 1,050.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SEE MEMO	Aggregate Year-to-Date 1,050.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DENISE HALL		Date of Receipt M M / D D / Y Y Y Y 11 05 2017
Mailing Address 20 REFLECTION LANE		Amount of Each Receipt this Period 225.00
City COTO DE CAZA	State CA	
Zip Code 92679		Memo Item HOLIDAY BRUNCH TICKETS
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual)	Amount of Each Receipt this Period 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SEE MEMO	Aggregate Year-to-Date	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MARK CARRIE		Date of Receipt M M / D D / Y Y Y Y 11 09 2017
Mailing Address 30902 CLUB HOUSE DRIVE		Amount of Each Receipt this Period 225.00
City LAGUNA NIGUEL	State CA	
Zip Code 92677		Memo Item HOLIDAY BRUNCH TICKETS
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) ANAHEIM SCHOOL DISTRICT	Occupation (for Individual) TEACHER	Amount of Each Receipt this Period 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SEE MEMO	Aggregate Year-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	1,200.00
TOTAL This Period (last page this line number only).....	

**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 4 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. SARA RUCKLE HARMS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
29801 WEATHERWOOD
 City
LAGUNA NIGUEL State **CA** Zip Code **92677**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **NOT EMPLOYED** Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) **SEE MEMO** Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 28 2017
 Amount of Each Receipt this Period
300.00
 Memo Item
HOLIDAY BRUNCH DONATION

B. DOUG APPELEGATE FOR CONGRESS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
380 S. MELROSE DRIVE, STE. 207
 City
VISTA State **CA** Zip Code **92081**
 FEC ID number of contributing federal political committee. **C 00581595**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) **SEE MEMO** Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 04 2017
 Amount of Each Receipt this Period
300.00
 Memo Item
HOLIDAY BRUNCH DONATION

C. MIKE LEVIN FOR CONGRESS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
942 CALLE NEGOCIO, STE. 300
 City
SAN CLEMENTE State **CA** Zip Code **92673**
 FEC ID number of contributing federal political committee. **C 00634253**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) **SEE MEMO** Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 06 2017
 Amount of Each Receipt this Period
300.00
 Memo Item
HOLIDAY BRUNCH DONATION

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	6,960.00

NON-FEDERAL CONTRIBUTION

**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 18

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A. CHASE BANK		Date of Disbursement M M / D D / Y Y Y Y 01 31 2017
Mailing Address 32361 GOLDEN LANTERN		FEC Identification Number C
City LAGUNA NIGUEL	State CA	
Zip Code 92677		Amount of Each Disbursement this Period 45.00
Purpose of Disbursement BANK FEES		
Candidate Name 001		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State: District:		

Full Name (Last, First, Middle Initial)

B. CITY OF SAN JUAN CAPISTRANO		Date of Disbursement M M / D D / Y Y Y Y 02 06 2017
Mailing Address 25925 CAMINO DEL AVION		FEC Identification Number C
City SAN JUAN CAPISTRANO	State CA	
Zip Code 92675		Amount of Each Disbursement this Period 100.00
Purpose of Disbursement DEPOSIT FOR MEETING VENUE		
Candidate Name 001		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State: District:		

Full Name (Last, First, Middle Initial)

C. CITY OF SAN JUAN CAPISTRANO		Date of Disbursement M M / D D / Y Y Y Y 02 13 2017
Mailing Address 25925 CAMINO DEL AVION		FEC Identification Number C
City SAN JUAN CAPISTRANO	State CA	
Zip Code 92675		Amount of Each Disbursement this Period 292.79
Purpose of Disbursement RENT FOR MEETING VENUE		
Candidate Name 001		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State: District:		

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

437.79

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. CITY OF SAN JUAN CAPISTRANO		Date of Disbursement M M / D D / Y Y Y Y 02 27 2017
Mailing Address 25925 CAMINO DEL AVION		FEC Identification Number C
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675
Purpose of Disbursement ADDED COST FOR MEETING VENUE		Amount of Each Disbursement this Period 132.93
Candidate Name ADDED COST FOR MEETING VENUE		Memo Item
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 checked="" type="checkbox"/> Other (specify) 001	
State: District:		

Full Name (Last, First, Middle Initial) B. ARROYO TRABUCCO GOLF CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 09 2017
Mailing Address 26972 AUERY PARKWAY		FEC Identification Number C
City MISSION VIEJO	State CA	Zip Code 92692
Purpose of Disbursement DEPOSIT FOR 2017 BRUNCH		Amount of Each Disbursement this Period 1,000.00
Candidate Name DEPOSIT FOR 2017 BRUNCH		Memo Item
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 checked="" type="checkbox"/> Other (specify) 001	
State: District:	SEE PURPOSE	

Full Name (Last, First, Middle Initial) C. GAYLE CAUNER		Date of Disbursement M M / D D / Y Y Y Y 03 10 2017
Mailing Address 911 SANTA ANA STREET		FEC Identification Number C
City LAGUNA BEACH	State CA	Zip Code 92651
Purpose of Disbursement REIMBURSEMENT FOR PURCHASING OFFICE SUPPLIES		Amount of Each Disbursement this Period 74.67
Candidate Name REIMBURSEMENT FOR PURCHASING OFFICE SUPPLIES		Memo Item
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 checked="" type="checkbox"/> Other (specify) 001	
State: District:	SEE PURPOSE	

SUBTOTAL of Disbursements This Page (optional).....▶	1,207.10
TOTAL This Period (last page this line number only).....▶	

**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 18
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. THE SHIRT CANNERY			Date of Disbursement M M / D D / Y Y Y Y 03 15 2017		
Mailing Address 25270 MARGARITE PARKWAY # E			FEC Identification Number C		
City MISSION VIEJO	State CA	Zip Code 92692	Amount of Each Disbursement this Period 540.76		
Purpose of Disbursement PAYMENT FOR T-SHIRTS FOR SALE			Memo Item		
Candidate Name RE-001			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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE		State: District:		

Full Name (Last, First, Middle Initial) B. THE SHIRT CANNERY			Date of Disbursement M M / D D / Y Y Y Y 03 15 2017		
Mailing Address 25270 MARGARITE PARKWAY # E			FEC Identification Number C		
City MISSION VIEJO	State CA	Zip Code 92692	Amount of Each Disbursement this Period 540.76		
Purpose of Disbursement T-SHIRTS			Memo Item		
Candidate Name FINAL PAYMENT FOR TO RESALE			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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE		State: District:		

Full Name (Last, First, Middle Initial) C. ANDREA ALEXANDER			Date of Disbursement M M / D D / Y Y Y Y 03 20 2017		
Mailing Address 24412 CALLE TORCIDO			FEC Identification Number C		
City LAKE FOREST	State CA	Zip Code 92630	Amount of Each Disbursement this Period 118.74		
Purpose of Disbursement REIMBURSEMENT FOR MEETING SUPPLIES			Memo Item		
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE		State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1200.26
TOTAL This Period (last page this line number only).....▶	

NON-FEDERAL CAMPAIGN FINANCING

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) DEMOCRATIC PARTY OF ORANGE COUNTY		Date of Disbursement M M / D D / Y Y Y Y 04 07 2012
Mailing Address 1916 WEST CHAPMAN AVENUE, STE. B		FEC Identification Number C 00 321943
City ORANGE	State CA	Zip Code 92868
Purpose of Disbursement ANNUAL CLUB MEMBERSHIP FEE		Amount of Each Disbursement this Period 75.00
Candidate Name 001		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State:	District:	

Full Name (Last, First, Middle Initial) CITY OF SAN JUAN CAPISTRANO		Date of Disbursement M M / D D / Y Y Y Y 04 20 2017
Mailing Address 25925 CAMINO DEL AUION		FEC Identification Number C
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675
Purpose of Disbursement RENTAL OF MEETING VENUE		Amount of Each Disbursement this Period 217.26
Candidate Name 001		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State:	District:	

Full Name (Last, First, Middle Initial) THE CATERING FACTORY		Date of Disbursement M M / D D / Y Y Y Y 04 20 2017
Mailing Address 26895 ALISO CREEK ROAD, STE. B734		FEC Identification Number C
City ALISO VIEJO	State CA	Zip Code 92656
Purpose of Disbursement CATERING AT DINNER MEETING		Amount of Each Disbursement this Period 206.00
Candidate Name 001		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State:	District:	

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

498.26

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

**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)

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A.

ANDREA ALEXANDER

Date of Disbursement

M M / D D / Y Y Y Y
05 04 2017

Mailing Address

24412 CALLE TORCIDO

FEC Identification Number

C

City

LAKE FOREST

State

CA

Zip Code

92630

Amount of Each Disbursement this Period

345.74

Purpose of Disbursement

**REIMBURSEMENT FOR OFFICE
SUPPLIES AND FLOWERS**

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) **SEE
PURPOSE**

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

B.

CHASE BANK

Date of Disbursement

M M / D D / Y Y Y Y
05 04 2017

Mailing Address

32361 GOLDEN LANTERN

FEC Identification Number

C

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

Amount of Each Disbursement this Period

37.00

Purpose of Disbursement

RETURNED CHECK FEE

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) **SEE
PURPOSE**

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

S & S PRINTERS

Date of Disbursement

M M / D D / Y Y Y Y
05 08 2017

Mailing Address

2100 W. LINCOLN AVENUE

FEC Identification Number

C

City

ANAHEIM

State

CA

Zip Code

92801

Amount of Each Disbursement this Period

856.66

Purpose of Disbursement

PURCHASE OF T-SHIRTS LOGO WITH

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) **SEE
PURPOSE**

State:

District:

Memo Item

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

1,239.40

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

2018-01-24 PM 00:18:714

**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"/> 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>A. <u>CITY OF SAN JUAN CAPISTRANO</u></p>		<p>Date of Disbursement M M / D D / Y Y Y Y <u>05 17 2017</u></p>
<p>Mailing Address <u>25925 CAMINO DEL AVION</u></p>		<p>FEC Identification Number <u>C</u></p>
<p>City <u>SAN JUAN CAPISTRANO CA</u></p>	<p>State <u>CA</u></p>	
<p>Zip Code <u>92675</u></p>		<p>Amount of Each Disbursement this Period <u>371.94</u></p>
<p>Purpose of Disbursement <u>RENTAL OF MEETING VENUE</u></p>		
<p>Candidate Name <u>COV</u></p>		<p>Memo Item</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u></p>	
<p>State: District:</p>		

<p>B. <u>THE CATERING FACTORY</u></p>		<p>Date of Disbursement M M / D D / Y Y Y Y <u>05 17 2017</u></p>
<p>Mailing Address <u>26895 ALISO CREEK ROAD STE. 0734</u></p>		<p>FEC Identification Number <u>C</u></p>
<p>City <u>ALISO VIEJO</u></p>	<p>State <u>CA</u></p>	
<p>Zip Code <u>92656</u></p>		<p>Amount of Each Disbursement this Period <u>510.00</u></p>
<p>Purpose of Disbursement <u>CATERING AT DINNER MEETING</u></p>		
<p>Candidate Name <u>COV</u></p>		<p>Memo Item</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u></p>	
<p>State: District:</p>		

<p>C. <u>S & S PRINTERS</u></p>		<p>Date of Disbursement M M / D D / Y Y Y Y <u>05 23 2017</u></p>
<p>Mailing Address <u>2100 W. LINCOLN AVENUE</u></p>		<p>FEC Identification Number <u>C</u></p>
<p>City <u>ANAHEIM</u></p>	<p>State <u>CA</u></p>	
<p>Zip Code <u>92801</u></p>		<p>Amount of Each Disbursement this Period <u>800.00</u></p>
<p>Purpose of Disbursement <u>FINAL PAYMENT FOR PURCHASE OF T-SHIRTS WITH LOGO</u></p>		
<p>Candidate Name <u>COV</u></p>		<p>Memo Item</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u></p>	
<p>State: District:</p>		

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

1,681.94

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

2018-01-24 AM 00:07:15

**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 18
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b
	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29
	<input type="checkbox"/> 27 30b	

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

A. Full Name (Last, First, Middle Initial) CITY OF SAN JUAN CAPISTRANO		Date of Disbursement M M / D D / Y Y Y Y 05 26 2017
Mailing Address 25925 CAMINO DEL AUION		FEC Identification Number C
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675
Purpose of Disbursement CELEBRATION		Category/Type 001
Candidate Name FOURTH OF JULY BOOTH RENTAL		Amount of Each Disbursement this Period 50.00
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	Memo Item
State: District:		

B. Full Name (Last, First, Middle Initial) THE CATERING FACTORY		Date of Disbursement M M / D D / Y Y Y Y 06 21 2017
Mailing Address 26895 ALISO CREEK ROAD STE. B734		FEC Identification Number C
City ALISO VIEJO	State CA	Zip Code 92656
Purpose of Disbursement CATERING AT DINNER MEETING		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 310.00
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	Memo Item
State: District:		

C. Full Name (Last, First, Middle Initial) CITY OF SAN JUAN CAPISTRANO		Date of Disbursement M M / D D / Y Y Y Y 06 23 2017
Mailing Address 25925 CAMINO DEL AUION		FEC Identification Number C
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675
Purpose of Disbursement RENTAL OF MEETING VENUE		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 287.10
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	647.10
TOTAL This Period (last page this line number only).....▶	

NOTICE: INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**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 **8** OF **18**

21b
28a 22
28b 23
28c 26
29 27
30b

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NAME OF COMMITTEE (In Full)

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A. JENNIFER GOLDEN

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2017

Mailing Address

23958 COPENHAGEN STREET

FEC Identification Number

C

City

MISSION VIEJO

State

CA

Zip Code

92691

Amount of Each Disbursement this Period

64.64

Purpose of Disbursement

REIMBURSEMENT FOR CANARY

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) **SEE PURPOSE**

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

STE. 6734

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2017

B. THE CATERING FACTORY ROAD,

Mailing Address

26895 ALISO CREEK ROAD STE. 13734

FEC Identification Number

C

City

ALISO VIEJO

State

CA

Zip Code

92656

Amount of Each Disbursement this Period

420.00

Purpose of Disbursement

CATERING AT DINNER MEETING

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) **SEE PURPOSE**

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2017

Mailing Address

25800 JERONIMO ROAD, # 800

FEC Identification Number

C

City

MISSION VIEJO

State

CA

Zip Code

92691

Amount of Each Disbursement this Period

25.75

Purpose of Disbursement

FPPC FILING TRANSMISSION

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) **SEE PURPOSE**

State:

District:

Memo Item

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

510.39

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

20170810 10:24:01 AM

**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>9</u> OF <u>18</u>
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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

2018-01-24 AM 00:07:18

Full Name (Last, First, Middle Initial) <u>FEDERAL EXPRESS</u>		Date of Disbursement M M / D D / Y Y Y Y <u>07 31 2017</u>
Mailing Address <u>25800 JERONIMO ROAD #800</u>		FEC Identification Number <u>C</u>
City <u>MISSION VIEJO</u>	State <u>CA</u>	Zip Code <u>92691</u>
Purpose of Disbursement <u>FEC FILING TRANSMISSION</u>		Amount of Each Disbursement this Period <u>34.50</u>
Candidate Name <u>SEE PURPOSE</u>		Category/Type <u>001</u>
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 checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u>	Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <u>LCA WINE</u>		Date of Disbursement M M / D D / Y Y Y Y <u>08 08 2017</u>
Mailing Address <u>3315 HYLAND AVENUE STE H</u>		FEC Identification Number <u>C</u>
City <u>COSTA MESA</u>	State <u>CA</u>	Zip Code <u>92626</u>
Purpose of Disbursement <u>RAFFLE</u>		Amount of Each Disbursement this Period <u>300.00</u>
Candidate Name <u>WINE TASTING CERTIFICATE FOR</u>		Category/Type <u>001</u>
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 checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u>	Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <u>THE CATERING FACTORY</u>		Date of Disbursement M M / D D / Y Y Y Y <u>08 18 2017</u>
Mailing Address <u>26895 ALISO CREEK ROAD STE. 6734</u>		FEC Identification Number <u>C</u>
City <u>ALISO VIEJO</u>	State <u>CA</u>	Zip Code <u>92656</u>
Purpose of Disbursement <u>CATERING AT DINNER MEETING</u>		Amount of Each Disbursement this Period <u>360.00</u>
Candidate Name <u>SEE PURPOSE</u>		Category/Type <u>001</u>
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 checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u>	Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<u>694.50</u>
TOTAL This Period (last page this line number only).....	

**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 10 OF 18
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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

Full Name (Last, First, Middle Initial) CITY OF SAN JUAN CAPISTRANO			Date of Disbursement M M / D D / Y Y Y Y 09 20 2017		
Mailing Address 25925 CAMINO DELA UION			FEC Identification Number C		
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675	Amount of Each Disbursement this Period 292.26		
Purpose of Disbursement RENTAL OF MEETING VENUE			Memo Item		
Candidate Name RENTAL OF MEETING VENUE			Category/Type 001		
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE				
State: District:					

Full Name (Last, First, Middle Initial) THE CATERING FACTORY			Date of Disbursement M M / D D / Y Y Y Y 09 20 2017		
Mailing Address 26895 ALISO VIEJO CREEK ROAD, STE. B734			FEC Identification Number C		
City ALISO VIEJO	State CA	Zip Code 92656	Amount of Each Disbursement this Period 420.00		
Purpose of Disbursement CATERING AT DINNER MEETING			Memo Item		
Candidate Name CATERING AT DINNER MEETING			Category/Type 001		
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE				
State: District:					

Full Name (Last, First, Middle Initial) MARY NAVARRO			Date of Disbursement M M / D D / Y Y Y Y 09 20 2017		
Mailing Address 41 LAGO VISTA			FEC Identification Number C		
City DANA POINT	State CA	Zip Code 92629	Amount of Each Disbursement this Period 54.99		
Purpose of Disbursement REIMBURSEMENT FOR CARTRIDGE			Memo Item		
Candidate Name REIMBURSEMENT FOR CARTRIDGE			Category/Type 001		
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	767.25
TOTAL This Period (last page this line number only).....▶	

2018-01-24 10:00:10

**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 11 OF 18
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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

A. Full Name (Last, First, Middle Initial) PAGENEWEAVERS, LLC.			Date of Disbursement M M / D D / Y Y Y Y 10 02 2017		
Mailing Address P.O. BOX 456			FEC Identification Number C		
City FAIR OAKS	State CA	Zip Code 95628			
Purpose of Disbursement FACEBOOK/INTERNET MANAGEMENT			Amount of Each Disbursement this Period 580.12		
Candidate Name FACEBOOK/INTERNET MANAGEMENT			Memo Item		
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE			
State: District:					

B. Full Name (Last, First, Middle Initial) MARIE CALLENDER'S			Date of Disbursement M M / D D / Y Y Y Y 10 12 2017		
Mailing Address 31791 DELOBISPO STREET			FEC Identification Number C		
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675			
Purpose of Disbursement DEPOSIT FOR MEETING VENUE (NEW)			Amount of Each Disbursement this Period 50.00		
Candidate Name DEPOSIT FOR MEETING VENUE (NEW)			Memo Item		
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. Full Name (Last, First, Middle Initial) CITY OF SAN JUAN CAPISTRANO			Date of Disbursement M M / D D / Y Y Y Y 10 18 2017		
Mailing Address 25925 CAMINO DEL AVILA			FEC Identification Number C		
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675			
Purpose of Disbursement RENTAL OF MEETING VENUE			Amount of Each Disbursement this Period 145.89		
Candidate Name RENTAL OF MEETING VENUE			Memo Item		
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).....▶	776.01
TOTAL This Period (last page this line number only).....▶	

NOTICE: OFFICIAL CAMPAIGN RECORDING

**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 12 OF 18
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 21c <input type="checkbox"/> 21d <input type="checkbox"/> 21e <input type="checkbox"/> 21f <input type="checkbox"/> 21g <input type="checkbox"/> 21h <input type="checkbox"/> 21i <input type="checkbox"/> 21j <input type="checkbox"/> 21k <input type="checkbox"/> 21l <input type="checkbox"/> 21m <input type="checkbox"/> 21n <input type="checkbox"/> 21o <input type="checkbox"/> 21p <input type="checkbox"/> 21q <input type="checkbox"/> 21r <input type="checkbox"/> 21s <input type="checkbox"/> 21t <input type="checkbox"/> 21u <input type="checkbox"/> 21v <input type="checkbox"/> 21w <input type="checkbox"/> 21x <input type="checkbox"/> 21y <input type="checkbox"/> 21z <input type="checkbox"/> 22 <input type="checkbox"/> 22a <input type="checkbox"/> 22b <input type="checkbox"/> 22c <input type="checkbox"/> 22d <input type="checkbox"/> 22e <input type="checkbox"/> 22f <input type="checkbox"/> 22g <input type="checkbox"/> 22h <input type="checkbox"/> 22i <input type="checkbox"/> 22j <input type="checkbox"/> 22k <input type="checkbox"/> 22l <input type="checkbox"/> 22m <input type="checkbox"/> 22n <input type="checkbox"/> 22o <input type="checkbox"/> 22p <input type="checkbox"/> 22q <input type="checkbox"/> 22r <input type="checkbox"/> 22s <input type="checkbox"/> 22t <input type="checkbox"/> 22u <input type="checkbox"/> 22v <input type="checkbox"/> 22w <input type="checkbox"/> 22x <input type="checkbox"/> 22y <input type="checkbox"/> 22z <input type="checkbox"/> 23 <input type="checkbox"/> 23a <input type="checkbox"/> 23b <input type="checkbox"/> 23c <input type="checkbox"/> 23d <input type="checkbox"/> 23e <input type="checkbox"/> 23f <input type="checkbox"/> 23g <input type="checkbox"/> 23h <input type="checkbox"/> 23i <input type="checkbox"/> 23j <input type="checkbox"/> 23k <input type="checkbox"/> 23l <input type="checkbox"/> 23m <input type="checkbox"/> 23n <input type="checkbox"/> 23o <input type="checkbox"/> 23p <input type="checkbox"/> 23q <input type="checkbox"/> 23r <input type="checkbox"/> 23s <input type="checkbox"/> 23t <input type="checkbox"/> 23u <input type="checkbox"/> 23v <input type="checkbox"/> 23w <input type="checkbox"/> 23x <input type="checkbox"/> 23y <input type="checkbox"/> 23z <input type="checkbox"/> 24 <input type="checkbox"/> 24a <input type="checkbox"/> 24b <input type="checkbox"/> 24c <input type="checkbox"/> 24d <input type="checkbox"/> 24e <input type="checkbox"/> 24f <input type="checkbox"/> 24g <input type="checkbox"/> 24h <input type="checkbox"/> 24i <input type="checkbox"/> 24j <input type="checkbox"/> 24k <input type="checkbox"/> 24l <input type="checkbox"/> 24m <input type="checkbox"/> 24n <input type="checkbox"/> 24o <input type="checkbox"/> 24p <input type="checkbox"/> 24q <input type="checkbox"/> 24r <input type="checkbox"/> 24s <input type="checkbox"/> 24t <input type="checkbox"/> 24u <input type="checkbox"/> 24v <input type="checkbox"/> 24w <input type="checkbox"/> 24x <input type="checkbox"/> 24y <input type="checkbox"/> 24z <input type="checkbox"/> 25 <input type="checkbox"/> 25a <input type="checkbox"/> 25b <input type="checkbox"/> 25c <input type="checkbox"/> 25d <input type="checkbox"/> 25e <input type="checkbox"/> 25f <input type="checkbox"/> 25g <input type="checkbox"/> 25h <input type="checkbox"/> 25i <input type="checkbox"/> 25j <input type="checkbox"/> 25k <input type="checkbox"/> 25l <input type="checkbox"/> 25m <input type="checkbox"/> 25n <input type="checkbox"/> 25o <input type="checkbox"/> 25p <input type="checkbox"/> 25q <input type="checkbox"/> 25r <input type="checkbox"/> 25s <input type="checkbox"/> 25t <input type="checkbox"/> 25u <input type="checkbox"/> 25v <input type="checkbox"/> 25w <input type="checkbox"/> 25x <input type="checkbox"/> 25y <input type="checkbox"/> 25z <input type="checkbox"/> 26 <input type="checkbox"/> 26a <input type="checkbox"/> 26b <input type="checkbox"/> 26c <input type="checkbox"/> 26d <input type="checkbox"/> 26e <input type="checkbox"/> 26f <input type="checkbox"/> 26g <input type="checkbox"/> 26h <input type="checkbox"/> 26i <input type="checkbox"/> 26j <input type="checkbox"/> 26k <input type="checkbox"/> 26l <input type="checkbox"/> 26m <input type="checkbox"/> 26n <input type="checkbox"/> 26o <input type="checkbox"/> 26p <input type="checkbox"/> 26q <input type="checkbox"/> 26r <input type="checkbox"/> 26s <input type="checkbox"/> 26t <input type="checkbox"/> 26u <input type="checkbox"/> 26v <input type="checkbox"/> 26w <input type="checkbox"/> 26x <input type="checkbox"/> 26y <input type="checkbox"/> 26z <input type="checkbox"/> 27 <input type="checkbox"/> 27a <input type="checkbox"/> 27b <input type="checkbox"/> 27c <input type="checkbox"/> 27d <input type="checkbox"/> 27e <input type="checkbox"/> 27f <input type="checkbox"/> 27g <input type="checkbox"/> 27h <input type="checkbox"/> 27i <input type="checkbox"/> 27j <input type="checkbox"/> 27k <input type="checkbox"/> 27l <input type="checkbox"/> 27m <input type="checkbox"/> 27n <input type="checkbox"/> 27o <input type="checkbox"/> 27p <input type="checkbox"/> 27q <input type="checkbox"/> 27r <input type="checkbox"/> 27s <input type="checkbox"/> 27t <input type="checkbox"/> 27u <input type="checkbox"/> 27v <input type="checkbox"/> 27w <input type="checkbox"/> 27x <input type="checkbox"/> 27y <input type="checkbox"/> 27z <input type="checkbox"/> 28 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 28d <input type="checkbox"/> 28e <input type="checkbox"/> 28f <input type="checkbox"/> 28g <input type="checkbox"/> 28h <input type="checkbox"/> 28i <input type="checkbox"/> 28j <input type="checkbox"/> 28k <input type="checkbox"/> 28l <input type="checkbox"/> 28m <input type="checkbox"/> 28n <input type="checkbox"/> 28o <input type="checkbox"/> 28p <input type="checkbox"/> 28q <input type="checkbox"/> 28r <input type="checkbox"/> 28s <input type="checkbox"/> 28t <input type="checkbox"/> 28u <input type="checkbox"/> 28v <input type="checkbox"/> 28w <input type="checkbox"/> 28x <input type="checkbox"/> 28y <input type="checkbox"/> 28z <input type="checkbox"/> 29 <input type="checkbox"/> 29a <input type="checkbox"/> 29b <input type="checkbox"/> 29c <input type="checkbox"/> 29d <input type="checkbox"/> 29e <input type="checkbox"/> 29f <input type="checkbox"/> 29g <input type="checkbox"/> 29h <input type="checkbox"/> 29i <input type="checkbox"/> 29j <input type="checkbox"/> 29k <input type="checkbox"/> 29l <input type="checkbox"/> 29m <input type="checkbox"/> 29n <input type="checkbox"/> 29o <input type="checkbox"/> 29p <input type="checkbox"/> 29q <input type="checkbox"/> 29r <input type="checkbox"/> 29s <input type="checkbox"/> 29t <input type="checkbox"/> 29u <input type="checkbox"/> 29v <input type="checkbox"/> 29w <input type="checkbox"/> 29x <input type="checkbox"/> 29y <input type="checkbox"/> 29z <input type="checkbox"/> 30 <input type="checkbox"/> 30a <input type="checkbox"/> 30b	

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

A. Full Name (Last, First, Middle Initial)
THE CATERING FACTORY

Date of Disbursement
M M / D D / Y Y Y Y
10 18 2017

Mailing Address
26895 ALISO VIEJO CREEK ROAD STE. B734

City State Zip Code
ALISO VIEJO CA 92656

Purpose of Disbursement
CATERING FOR DINNER MEETING

Candidate Name
OOI

Category/Type
OOI

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **SEE PURPOSE**

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
360.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ARROYO TRABUCO GOLF CLUB

Date of Disbursement
M M / D D / Y Y Y Y
10 25 2017

Mailing Address
26772 AVERY PARKWAY

City State Zip Code
MISSION VIEJO CA 92692

Purpose of Disbursement
HOLIDAY BRUNCH

Candidate Name
PAYMENT FOR 2017

Category/Type
OOI

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **SEE PURPOSE**

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
5345.18

Memo Item

C. Full Name (Last, First, Middle Initial)
PAGEWEAVERS, LLC.

Date of Disbursement
M M / D D / Y Y Y Y
10 31 2017

Mailing Address
P.O. BOX 456

City State Zip Code
FAIR OAKS CA 95628

Purpose of Disbursement
FACEBOOK/INTERNET MANAGEMENT

Candidate Name

Category/Type
OOI

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **SEE PURPOSE**

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
118.75

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **5,823.93**

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

2018-01-24 AM 10:17:21

**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>3</u> OF <u>18</u>
	<input checked="" type="checkbox"/> 21b 28a <input type="checkbox"/> 22 28b <input type="checkbox"/> 23 28c <input type="checkbox"/> 26 29 <input type="checkbox"/> 27 30b	

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

A. Full Name (Last, First, Middle Initial) MARIE CALLENDER'S		Date of Disbursement M M / D D / Y Y Y Y 11 15 2017
Mailing Address 31791 DEL OBISPO STREET		FEC Identification Number C
City SAU JUAN CAPISTRANO	State CA	
Zip Code 92675		Amount of Each Disbursement this Period 294.74
Purpose of Disbursement DINNER & MEETING VENUE COST		
Candidate Name 1		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State:	District:	

B. Full Name (Last, First, Middle Initial) PAGEWEAVERS, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 27 2017
Mailing Address P.O. BOX 456		FEC Identification Number C
City FAIR OAKS	State CA	
Zip Code 95628		Amount of Each Disbursement this Period 71.25
Purpose of Disbursement FACEBOOK/INTERNET MANAGEMENT		
Candidate Name 1		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State:	District:	

C. Full Name (Last, First, Middle Initial) MARTIE LUBETKIN		Date of Disbursement M M / D D / Y Y Y Y 12 02 2017
Mailing Address 24393 LANDOVER		FEC Identification Number C
City LAGUNA HILLS	State CA	
Zip Code 92653		Amount of Each Disbursement this Period 455.14
Purpose of Disbursement HOLIDAY REIMBURSEMENT FOR BRUNCH DECOR		
Candidate Name 1		Memo Item
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	821.13
TOTAL This Period (last page this line number only).....▶	

NON-PROFIT ORGANIZATION

**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>14</u> OF <u>18</u>
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b		

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <u>JENNIFER GOLDEN</u>			Date of Disbursement M M / D D / Y Y Y Y <u>12 02 2017</u>		
Mailing Address <u>23958 COPENHAGEN STREET</u>					
City <u>MISSION VIEJO</u>	State <u>CA</u>	Zip Code <u>92691</u>	FEC Identification Number <u>C</u>		
Purpose of Disbursement <u>WITHDRAWAL FOR PETTY CASH</u>		Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>150.00</u>		
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) ▼		Memo Item		
State: _____	District: _____				

B. Full Name (Last, First, Middle Initial) <u>MARY NAVARRO</u>			Date of Disbursement M M / D D / Y Y Y Y <u>12 05 2017</u>		
Mailing Address <u>4 LOGO VISTA</u>					
City <u>DANA POINT</u>	State <u>CA</u>	Zip Code <u>92629</u>	FEC Identification Number <u>C</u>		
Purpose of Disbursement <u>REIMBURSEMENT FOR CARTRIDGE</u>		Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>11.73</u>		
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) ▼		Memo Item		
State: _____	District: _____				

C. Full Name (Last, First, Middle Initial) <u>NORA SEKOWSKI</u>			Date of Disbursement M M / D D / Y Y Y Y <u>12 05 2017</u>		
Mailing Address <u>2819 RIACHUELO</u>					
City <u>SAN CLEMENTE</u>	State <u>CA</u>	Zip Code <u>92673</u>	FEC Identification Number <u>C</u>		
Purpose of Disbursement <u>REIMBURSEMENT FOR FLOWERS</u>		Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>102.35</u>		
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 checked="" type="checkbox"/> Other (specify) ▼ <u>SEE PURPOSE</u>		Memo Item		
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....▶	<u>264.08</u>
TOTAL This Period (last page this line number only).....▶	

2018-01-24 09:00:00 AM

**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>15</u> OF <u>18</u>
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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

A. Full Name (Last, First, Middle Initial) <u>MARIE CALLENDER'S</u>			Date of Disbursement M M / D D / Y Y Y Y <u>12 06 2017</u>
Mailing Address <u>31791 DEL OBISPO STREET</u>			FEC Identification Number <u>C</u>
City <u>SAN JUAN CAPISTRANO</u>	State <u>CA</u>	Zip Code <u>92675</u>	
Purpose of Disbursement <u>DINNER & MEETING VENUE COST</u>		Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>200.00</u>
Candidate Name <u>1</u>			
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 checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u>	State: District:	Memo Item

B. Full Name (Last, First, Middle Initial) <u>U.S. POSTAL SERVICE</u>			Date of Disbursement M M / D D / Y Y Y Y <u>12 28 2017</u>
Mailing Address <u>34281 DOHENY PARK ROAD</u>			FEC Identification Number <u>C</u>
City <u>CAPISTRANO BEACH</u>	State <u>CA</u>	Zip Code <u>92624</u>	
Purpose of Disbursement <u>RENTAL OF P.O. BOX FOR 2018</u>		Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>76.00</u>
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 checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u>	State: District:	Memo Item

C. Full Name (Last, First, Middle Initial) <u>PAGEWEAVERS, LLC</u>			Date of Disbursement M M / D D / Y Y Y Y <u>12 29 2017</u>
Mailing Address <u>P.O. BOX 456</u>			FEC Identification Number <u>C</u>
City <u>FAIR OAKS</u>	State <u>CA</u>	Zip Code <u>95628</u>	
Purpose of Disbursement <u>FACEBOOK/INTERNET MANAGEMENT</u>		Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>95.00</u>
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 checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u>	State: District:	Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<u>371.00</u>
TOTAL This Period (last page this line number only).....▶	

2018-01-01 10:00:00 AM

**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>16</u> OF <u>18</u>
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <u>WILLA PORTER</u>			Date of Disbursement M M / D D / Y Y Y Y <u>04 03 2017</u>		
Mailing Address <u>24481 F LANTERN HILL DRIVE</u>			FEC Identification Number <u>C</u>		
City <u>DANA POINT</u>	State <u>CA</u>	Zip Code <u>92629</u>			
Purpose of Disbursement <u>REFUND FOR OVERPAYMENT</u>			Amount of Each Disbursement this Period <u>29.00</u>		
Candidate Name			Category/Type <u>010</u>		
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 checked="" type="checkbox"/> Other (specify) <u>SEE PURPOSE</u>		Memo Item		
State:	District:				

B. Full Name (Last, First, Middle Initial)			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <u>C</u>		
City	State	Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Period		
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)		Memo Item		
State:	District:				

C. Full Name (Last, First, Middle Initial)			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <u>C</u>		
City	State	Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Period		
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) ▼		Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	<u>29.00</u>
TOTAL This Period (last page this line number only).....▶	

20170310 10:01:00 AM

**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 17 OF 18
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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

Full Name (Last, First, Middle Initial) A. CANYON DEMOCRATS			Date of Disbursement M M / D D / Y Y Y Y 01 17 2017		
Mailing Address P.O. BOX 886			FEC Identification Number C 00640433		
City TRABUCO CANYON	State CA	Zip Code 92678	Amount of Each Disbursement this Period 43.66		
Purpose of Disbursement 2016 PROFIT SHARE OF FUND RAISER		Category/Type 011	Memo Item		
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE				
State: District:					

Full Name (Last, First, Middle Initial) B. SOUTH ORANGE COUNTY DEMOCRATIC CLUB			Date of Disbursement M M / D D / Y Y Y Y 01 18 2017		
Mailing Address P.O. BOX 7292			FEC Identification Number C 00421057		
City CAPISTRANO BEACH	State CA	Zip Code 92624	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement CALIF. TRANSFER TO STATE PAC		Category/Type 011	Memo Item		
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE				
State: District:					

Full Name (Last, First, Middle Initial) C. DEMOCRATIC PARTY OF ORANGE COUNTY			Date of Disbursement M M / D D / Y Y Y Y 07 07 2017		
Mailing Address 1916 WEST CHAPMAN AVENUE STE. B			FEC Identification Number C 00321943		
City ORANGE	State CA	Zip Code 92868	Amount of Each Disbursement this Period 1,600.00		
Purpose of Disbursement TRUMAN DINNER TABLE		Category/Type 011	Memo Item		
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 checked="" type="checkbox"/> Other (specify) SEE PURPOSE				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1,943.66
TOTAL This Period (last page this line number only).....▶	

20180101 01:00:00

**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>18</u> OF <u>18</u>
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

A. Full Name (Last, First, Middle Initial)
72ND ASSEMBLY DEMOCRATIC ALLIANCE

Date of Disbursement
M M / D D / Y Y Y Y
07 07 2017

Mailing Address
P.O. BOX 3628

City
HUNTINGTON BEACH State
CA Zip Code
92605

Purpose of Disbursement
DONATION FOR 4TH OF JULY PARADE 011

Candidate Name
SEE PURPOSE Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) SEE PURPOSE

State: _____ District: _____

FEC Identification Number
C00321943

Amount of Each Disbursement this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CANYON DEMOCRATS

Date of Disbursement
M M / D D / Y Y Y Y
12 16 2017

Mailing Address
P.O. BOX 886

City
TRABUCO CANYON State
CA Zip Code
92678

Purpose of Disbursement
2017 PROFIT SHARE OF FUNDRAISER 011

Candidate Name
SEE PURPOSE Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) SEE PURPOSE

State: _____ District: _____

FEC Identification Number
C00640433

Amount of Each Disbursement this Period
4,422.28

Memo Item

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

Date of Disbursement
M M / D D / Y Y Y Y

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4,522.28

TOTAL This Period (last page this line number only).....▶ 21,790.19

2018010112400189727

XEROX

press

9689
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16:30

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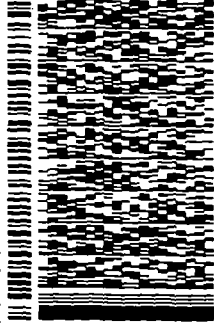
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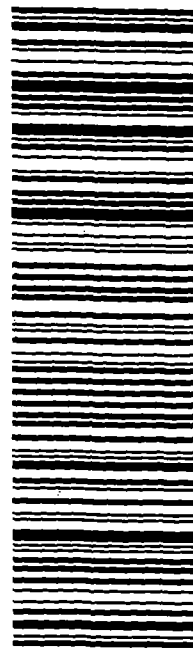


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