Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) SOUTH ORANGE COUNTY DEMOCRATIC CLUB PO BOX 7292 ADDRESS (number and street) (Check if address is changed) CAPISTRANO BEACH 92624 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS SOCDCTREASURER@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address murfcatt@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.socdc.info/ (Check if address is changed) DATE 2020 C00421057 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (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. Lewandowski, Andy, J,, Type or Print Name of Treasurer Lewandowski, Andy, J,, [Electronically Filed] 04 10 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)  Write or Type Committee Name  SOUTH ORANGE COUNTY DEMOCRATIC CLUB  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  NONE  Mailing Address	
SOUTH ORANGE COUNTY DEMOCRATIC CLUB  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  NONE	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor	
Mailing Address	
Mailing Address	
Mailing Address	
CITY STATE ZIP CODE	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spor	ısor
	_
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records.</li> </ol>	tee
Full Name	
Mailing Address	
Title or Position CITY STATE ZIP CODE	
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).	f
Full Name Lewandowski, Andy, J, , of Treasurer	
Mailing Address 222 N Muller St	
]#50	.
Anaheim	 ,
CITY STATE ZIP CODE	_
Title or Position       Treasurer       714       448       3304	

FEC Form 1 (R	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Depo safety deposit boxes o Name of Bank, Deposi		
safety deposit boxes o Name of Bank, Deposi	or maintains funds.	92675
safety deposit boxes o Name of Bank, Deposi	ase Bank  31972 Camino Capistrano	
safety deposit boxes o Name of Bank, Deposi	ase Bank  31972 Camino Capistrano  San Juan Capistrano  CA  CITY  STATE	92675
safety deposit boxes o Name of Bank, Deposi  Ch  Mailing Address	ase Bank  31972 Camino Capistrano  San Juan Capistrano  CA  CITY  STATE	92675
safety deposit boxes o Name of Bank, Deposi  Ch  Mailing Address	ase Bank  31972 Camino Capistrano  San Juan Capistrano  CITY  STATE	92675
Safety deposit boxes of Name of Bank, Deposition    Mailing Address  Name of Bank, Deposition    Name of Bank, Deposition    Line    Line    Name of Bank, Deposition    Line    Line    Line    Name of Bank, Deposition    Line     Line    Line    Line    Line    Line    Line    Line    Line	ase Bank  31972 Camino Capistrano  San Juan Capistrano  CITY  STATE	92675
Safety deposit boxes of Name of Bank, Deposition    Mailing Address  Name of Bank, Deposition    Name of Bank, Deposition    Line    Line    Name of Bank, Deposition    Line    Line    Line    Name of Bank, Deposition    Line     Line    Line    Line    Line    Line    Line    Line    Line	ase Bank  31972 Camino Capistrano  San Juan Capistrano  CITY  STATE	92675