

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2017 JAN 23 AM 11:52
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) CAPISTRANO BEACH CA 92624

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 M M M / D D D / Y Y Y Y Y Y Y Y Y Y in the State of

- (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 M M M / D D D / Y Y Y Y Y Y Y Y Y Y in the State of

5. Covering Period 10 / 01 / 2016 through 12 / 31 / 2016

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 WILLA PORTER

Signature of Treasurer *Willa Porter*

Date 01 / 15 / 2017

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Report Covering the Period: From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="14977.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2673.43"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="10729.15"/>	<input type="text" value="13301.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="13402.58"/>	<input type="text" value="28278.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7774.81"/>	<input type="text" value="92650.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5627.77"/>	<input type="text" value="5627.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	

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

NON-FEDERAL CAMPAIGN DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

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)	9737.19	1230926
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9737.19	1230926
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7774.81	1435095
37. Offsets to Operating Expenditures (from Line 15, page 3).....	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7774.81	1435095

NON-CONFIDENTIAL

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

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

FOR LINE NUMBER: PAGE 1 OF 3
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MINNIE BALLARD

Mailing Address
415 SANTA ANA AVE.

City **NEWPORT BEACH** State **CA** Zip Code **92663**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **ELECTRICAL CONTR.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt
11 / 21 / 2016

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DIANE CRARY

Mailing Address
21721 MEMBRILLA

City **MISSION VIEJO** State **CA** Zip Code **92692**

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) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt
11 / 22 / 2016

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SARA RUCKLE HARMS

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) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 13 / 2016

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **650.00**

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

2017-01-21 10:00 AM

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2 OF 3
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. MARY ROTHSCHILD

Mailing Address
48 PASEO VISTA

City SAN CLEMENTE State CA Zip Code 92673

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) Aggregate Year-to-Date 250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2016

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOUISE ADLER

Mailing Address
22662 FERNWOOD ST.

City LAKE FOREST State CA Zip Code 92630

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual) PROFESSOR

Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2016

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GAYLE CAYNER

Mailing Address
911 SANTA ANA ST.

City LAGUNA BEACH State CA Zip Code 92651

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) RETIRED Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2016

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1,000.00

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

2016-11-04 10:00:00

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 3

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FRAN SDAO			Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2016
Mailing Address 23202 HAZEL CREST			Amount of Each Receipt this Period 500.00
City MISSION VIEJO	State CA	Zip Code 92692	
FEC ID number of contributing federal political committee. C			Memo Item
Name of Employer (for Individual) NOT EMPLOYED		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

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

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

500.00

2,150.00

**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)

<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)

A. **SOUTH ORANGE COUNTY DEMOCRATIC CLUB**
Mailing Address
PO BOX 7292

Date of Disbursement

10 / **07** / **2016**

City **CARISTRANO BEACH CA** State **CA** Zip Code **92624**

FEC Identification Number

C

Purpose of Disbursement
TRANSFER TO STATE ACCT

Amount of Each Disbursement this Period

700.00

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

B. **DOUG APPELEGATE FOR CONGRESS**
Mailing Address
977 LOMAS SANTA FE DRIVE 2016

Date of Disbursement

10 / **17** / **2016**

City **SOLANO BEACH CA** State **CA** Zip Code **92075**

FEC Identification Number

C

Purpose of Disbursement
DONATION

Amount of Each Disbursement this Period

300.00

Candidate Name

Category/Type

DOUG APPELEGATE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

C. **SUE SAVARY FOR CONGRESS**
Mailing Address
206 MARINE AVE., STE 5607

Date of Disbursement

10 / **19** / **2016**

City **NEWPORT BEACH CA** State **CA** Zip Code **92662**

FEC Identification Number

C

Purpose of Disbursement
DONATION

Amount of Each Disbursement this Period

100.00

Candidate Name

Category/Type

SUE SAVARY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

1100.00

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 2 OF 4

<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)

A. **RON VARASTEH**

Date of Disbursement

10 08 2016

Mailing Address

14252 CULVER DR, A820

City

IRVINE

State

CA

Zip Code

92604

Purpose of Disbursement

DONATION

Candidate Name

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

10000

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CA

District:

Full Name (Last, First, Middle Initial)

B. **CHASE BANK**

Date of Disbursement

11 30 2016

Mailing Address

City

State

Zip Code

Purpose of Disbursement

BANK FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. **ARROYO TRABUCO GOLF CLUB**

Date of Disbursement

12 03 2016

Mailing Address

26772 AVERY PARKWAY

City

MISSION VIEJO

State

CA

Zip Code

Purpose of Disbursement

COST OF FOOD AND MEETING PLACE

Candidate Name

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

4110.22

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

4,240.22

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 **4**

<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)

A. JAN STUERY

Mailing Address

City

State
CA

Zip Code

Purpose of Disbursement

MATERIALS FOR TABLE

Candidate Name

DECORATIONS

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

12 06 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

212.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHY WESTLING

Mailing Address

31861 NATIONAL PARK DRIVE

City

LAGUNA NIGUEL

State
CA

Zip Code

92677

Purpose of Disbursement

GIFT FOR HONOREE

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

12 12 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRAN SDAO

Mailing Address

22202 HAZEL CREST

City

MISSION VIEJO

State
CA

Zip Code

92692

Purpose of Disbursement

PROGRAMS FOR EVENT

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

12 13 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

10503

Memo Item

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

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

367.03

**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 4 OF 4		
	<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

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

A. Full Name (Last, First, Middle Initial) **USPS**

Mailing Address

City State Zip Code **CA**

Purpose of Disbursement **POST OFFICE BOX RENT**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement **12 19 2016**

FEC Identification Number **C**

Amount of Each Disbursement this Period **70.00**

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement **PROFIT SHARE OF FUND RAISER**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement **12 31 2016**

FEC Identification Number **C**

Amount of Each Disbursement this Period **1997.56**

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **2,067.56**

TOTAL This Period (last page this line number only).....▶ **7,774.81**

NON-FEDERAL CONTRIBUTION

2
Beach, CA 92624

2067-10M23 AM11:52
MAIL CENTER



7016 1370 0000 7743 3124



20463



1000

U.S. POSTAGE
PAID
CAPISTRANO BEACH, CA
92624
JAN 17, 17
AMOUNT
\$7.36
R2305K132999-13

**RETURN RECEIPT
REQUESTED**


*Federal Election Commission
999 E. Street N.W.
Washington, DC 20543*

20463

~~20013 7578~~

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1/17/17
	Date of Receipt 1/23/17
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

1/23/17
 DATE PREPARED

2017-01-23 10:01:00 AM