

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2016 FEB 2 Office Use Only: 13

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) PO BOX 7292

Check if different than previously reported. (ACC)

CAPISTRANO BEACH CA 92624

2. **FEC IDENTIFICATION NUMBER ▼** C00421057 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on / / in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 07 / 31 / 2016

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

NON-CONFIDENTIAL

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Report Covering the Period:

From:

07 ' 01 ' 2015

To:

12 ' 31 ' 2015

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2015	132,354.00	
(b) Cash on Hand at Beginning of Reporting Period.....	124,936.41	
(c) Total Receipts (from Line 19).....	89,041.50	96,801.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	213,977.91	229,155.50
7. Total Disbursements (from Line 31).....	64,202.29	79,380.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	149,775.62	149,775.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Report Covering the Period: From: MM / DD / YYYY MM / DD / YYYY To: MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY

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).....	27,000.00	27,000.00
(ii) Unitemized.....	6,204.15	6,980.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8,904.15	9,680.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	8,904.15	9,680.15
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)).....▶	8,904.15	9,680.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8,904.15	9,680.15

AMOUNTS IN PARENT PARENTHESIS

DETAILED SUMMARY PAGE
of Disbursements

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	6,420.29	7,938.05
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6,420.29	7,938.05
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6,420.29	7,938.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6,420.29	7,938.05

UNREGISTERED INFORMATION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	89,041.5	96,801.5
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89,041.5	96,801.5
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	64,202.9	79,380.5
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64,202.9	79,380.5

NONDISBURSEMENT

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 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	

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

NAME OF COMMITTEE (In Full)

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A. SCHIFF, ADAM

Mailing Address

150 E OLIVE AVE, #208

City State Zip Code

BURBANK CA 91502

FEC ID number of contributing federal political committee.

C

Date of Receipt

12 ' 01 ' 2015

Amount of Each Receipt this Period

250.00

Name of Employer

Occupation

MEMBER OF CONGRESS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

B. CAVNER, GAYLE

Mailing Address

PO BOX 1974

City State Zip Code

LAGUNA BEACH CA 92652

FEC ID number of contributing federal political committee.

C

Date of Receipt

11 ' 16 ' 2015

Amount of Each Receipt this Period

500.00

Name of Employer

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. SDAO, FRAN

Mailing Address

22202 HAZEL CREST

City State Zip Code

MISSION VIEJO CA 92692

FEC ID number of contributing federal political committee.

C

Date of Receipt

11 ' 15 ' 2015

Amount of Each Receipt this Period

500.00

Name of Employer

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

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

1,250.00

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

1,250.00

**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 / OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. SAVARY FOR CONGRESS

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement
DONATION

Candidate Name
DR. SUE SAVARY

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

State: _____ District: _____

Date of Disbursement

07 / 01 / 2015

Amount of Each Disbursement this Period

500.00

B. NEWPORT BEACH WOMANS CLUB

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement
DONATION

Candidate Name

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

State: _____ District: _____

Date of Disbursement

08 / 04 / 2015

Amount of Each Disbursement this Period

5.83

C. COSTA MESA DEMOCRATIC CLUB

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement
DONATION

Candidate Name

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

State: _____ District: _____

Date of Disbursement

09 / 15 / 2015

Amount of Each Disbursement this Period

67.50

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

573.33

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

573.33

20150808 10:10:00 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 2 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

Date of Disbursement

A.

VARIOUS PERSONS

M M / D D / Y Y Y Y
09 01 2015

Mailing Address

City State Zip Code

Purpose of Disbursement

REFUND CANCELLED

Amount of Each Disbursement this Period

Candidate Name

EVENT

Category/
Type

370.00

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

LANTERN BAY REALTY

M M / D D / Y Y Y Y
10 21 2015

Mailing Address

34179 GOLDEN LANTERN #103

City State Zip Code

DANA POINT CA 92629

Purpose of Disbursement

meeting room rent

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

12500

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

APPLEGATE FOR CONGRESS

M M / D D / Y Y Y Y
10 21 2015

Mailing Address

City State Zip Code

Purpose of Disbursement

DONATION

Amount of Each Disbursement this Period

Candidate Name

DOUGLAS APPELLEGATE

Category/
Type

5000

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

995.00

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 4 OF 5
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. **ARROYO TRABUCO GOLF CLUB**
 Mailing Address: **26772 AVERY PARKWAY**
 City: **MISSION VIEJO CA** State: **CA** Zip Code: **92692**
 Purpose of Disbursement: **Fundraiser brunch location**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement: **12 09 2015**
 Amount of Each Disbursement this Period: **3551.90**

B. **RHODES, VALERIE**
 Mailing Address: **16 HIGH BLUFF**
 City: **LAGUNA NIGUEL CA** State: **CA** Zip Code: **92677**
 Purpose of Disbursement: **Cash paid out gift card**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement: **12 21 2015**
 Amount of Each Disbursement this Period: **50.00**

C. **USPS**
 Mailing Address: **CAPISTRANO BEACH STATION**
 City: **CAPISTRANO BEACH CA** State: **CA** Zip Code: **92624**
 Purpose of Disbursement: **PO BOX RENEWAL**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement: **12 30 2015**
 Amount of Each Disbursement this Period: **66.00**

SUBTOTAL of Disbursements This Page (optional)..... **3667.90**
 TOTAL This Period (last page this line number only).....

UNFOUNDED IN 1900

**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 5 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.

CANYON DEMOCRATS

Date of Disbursement

12/29/2015

Mailing Address

City State Zip Code

Purpose of Disbursement

refund of deposit

Candidate Name

for Anayo Praluis

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▾

State: District:

Full Name (Last, First, Middle Initial)

B.

THE CATERING FACTORY

Date of Disbursement

11/19/2015

Mailing Address

City State Zip Code

Purpose of Disbursement

catered meeting dinners

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

240.00

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▾

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▾

State: District:

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

740.00

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

6480.29

fedex

Express

FZ
R# 677
6
10:30
9716
02:02

earth smart
FedEx carbon-neutral
envelope shipping

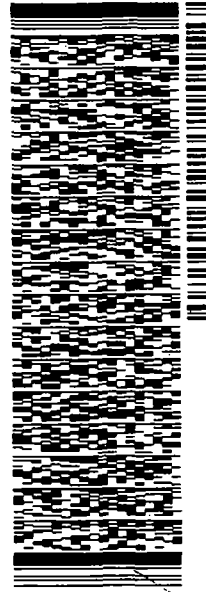
ORIGIN ID: JORA (949) 370-0401
MILLA PORTER
27129 CALLE ARROYO STE 1820
SAN JUAN CAPISTRANO, CA 92675
UNITED STATES US

SHIP DATE: 01FEB16
ACTWT: 0.20 LB
CAD: 6995962/5SF01621
BILL THIRD PARTY

TO **FEDERAL ELECTION COMMISSION**
999 E ST NW

WASHINGTON DC 20463

(999) 999-9999 REF1
INVT DEPT1
PC:



REL#
3785346

TRK# 7822 8157 9716
0201

TUE - 02 FEB 10:30A
PRIORITY OVERNIGHT

XC RDVA

20463
DC-US IAD




RECEIVED
FBC MAIL CENTER
2016 FEB -2 AM 11:13

NO. 10 1 0N 1 0N 1 0N 1 00004100M1A

16272429/1195
162724297-435 HITZ 12/16

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 type="checkbox"/> USPS First Class Mail	Date of Receipt
<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): FEDEX	Shipping Date 2/11/16
	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)

2/2/16
 DATE PREPARED

20160202 10:00:00 AM