

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 OCT 24 A 9:41

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE
BLIMP HANGAR

ADDRESS (number and street)

P.O. Box 1251



Check if different than previously reported. (ACC)

COSTA MESA

CA

92628-1251

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00414516

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

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

in the State of

State

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

in the State of

State

5. Covering Period

09

23

2005

through

09

30

2005

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

JACK ISAACSON

Signature of Treasurer

Jack Isaacson

Date

10

15

2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORANGE COUNTY VETERANS COMMITTEE To SAVE THE BLIMP
Florida

Report Covering the Period: From: 09 23 2005 To: 09 30 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	226.11	
(c) Total Receipts (from Line 19).....	0	2383.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	226.11	2383.77
7. Total Disbursements (from Line 31).....	0	2157.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	226.11	226.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

2503691384

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BUMP HANGAR

Report Covering the Period: From: **09 23 2005** To: **09 30 2005**

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).....	0	1,768.77
(ii) Unitemized.....	0	615.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	2,383.77
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	2,383.77
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b)).....	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2,383.77 0	2,383.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	2,383.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0	157,666
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	157,666
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	200,000
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0	215,766
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0	215,766

**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	OF
	<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) **ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BUMP HANGAR**

A. Full Name (Last, First, Middle Initial) **NONE**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) **NONE** ▶

200301270808

**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 checked="" 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

PAGE OF

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)
GRANDE COUNTY VETERANS COMMITTEE 2010 SAVE THE BLIMP HAWAII

A.

Full Name (Last, First, Middle Initial) **NONE**

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

Amount of Each Disbursement this Period

B.

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) **NONE** ▶

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)
ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BUMP HAWAII

LOAN SOURCE Full Name (Last, First, Middle Initial)
NWU

Mailing Address

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred: [] / [] / [] Date Due: [] / [] / [] Interest Rate: [] % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ []

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

20030303

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1 of Schedule C

NAME OF COMMITTEE (In Full) ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BUMP HANGAR		FEC IDENTIFICATION NUMBER 000414516	
LENDING INSTITUTION (LENDER) Full Name NWB		Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address _____		Date Incurred or Established _____	
City _____	State _____	Zip Code _____	Date Due _____
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred _____	
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			What is the estimated value? _____
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name JACK P SAACSON Signature <i>Jack Saacson</i>		DATE 10 / 15 / 2005	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: i. To the best of this Institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE _____	
Title		_____	

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BEACH HOUSE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>NONE</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BLIMP HANGAR

FEC IDENTIFICATION NUMBER
C00414516

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee
NAME

Mailing Address

City State Zip Code

Date
MM / DD / YYYY

Amount

Purpose of Expenditure

Category/Type

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date
MM / DD / YYYY

Amount

Purpose of Expenditure

Category/Type

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought


Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **10 / 15 / 2005**

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE PLUM LAKE CMA	<input type="checkbox"/> Check if 24-hour notice
--	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount	
	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount	
	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount	
	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional).....▶	[]
TOTAL This Period (last page this line number only).....▶	[]

2503891394

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
ORANGE COUNTY VETERANS COMMITTEE TO SAVE THE BUMP HANGAR

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
 or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
 Nonfederal..... %

This ratio applies to (check all that apply): *NONE THIS PERIOD*

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Orange County Veterans Committee to Save Blimp Hangar

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p><i>NONE</i></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">[] %</p>

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

ORANGE COUNTY VETERANS COMMITTEE TO SAVE BLIMP HOUSE

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

____/____/____

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

_____ 0

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (in Full)

Orange County Veterans Committee to Save Blump Haven

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

NONE

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

Federal Election Commission
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PREPARER

(3/2005)

10/24/05

DATE PREPARED