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FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

DEMOCRATIC CLUB OF SOUTH ORANGE COUNTY

ADDRESS (number and street) PO BOX 3633

(Check if address is changed)

MISSION VIEJO CA 92690

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

SOCDC.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.SOCDC.ORG

2. DATE 03 17 2011

00421057

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR X 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.

Type or Print Name of Treasurer WILLA PORTER

Signature of Treasurer X [Signature] Date 03 17 2011

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.

Table with 5 empty cells for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (c) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

WILLA PORTER

Mailing Address

124481 LANTERN HILL DR UNIT F

[Empty grid lines for address]

DANA POINT CA 92690

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 949-493-3286

8. Treasurer: 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).

Full Name of Treasurer

WILLA PORTER

Mailing Address

124481 LANTERN HILL DR UNIT F

[Empty grid lines for address]

DANA POINT CA 92690

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 949-493-3286

11030583994

Full Name of Designated Agent

MIKE SETTO

Mailing Address

25205 LA PAZ RD

LAGUNA HILLS

CITY

CA

STATE

92672

ZIP CODE

Title or Position

CHAIR

Telephone number

404-882-3240

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHASE BANK

Mailing Address

28131 CROWN VALLEY PKWY

LAGUNA NIGUEL

CITY

CA

STATE

92677

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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.

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AmP
 PREPARER
 (3/2005)

3/24/11
 DATE PREPARED

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