

FEC Form 24
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 01 OF 1
FOR LINE 24

NAME OF COMMITTEE (In Full) The Lincoln Club of Orange County Federal IE Committee		FEC IDENTIFICATION NUMBER C: C00490136	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle Initial) of Payee David Otta Productions		Date 10 17 2010	
Mailing Address 2306 South Anne Street		Amount 705.00	
City Santa Ana	State CA	Zip Code 92704	
Purpose of Expenditure Ad Production Costs	Category/Type 24A	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 47
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5,844.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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Name of Federal Candidate Supported or Opposed by Expenditure: Van Tran		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5,844.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures	1,410.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	1,410.00

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.

Betty Presley
Signature

Date 10 18 2010

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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N/A PREPARER	N/A DATE PREPARED