

# FEC FORM 3X

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

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

OCPAC

ADDRESS (number and street) 976 Pacific Avenue

Check if different than previously reported. (ACC) Willows CA 95988 9788

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00424358

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)
X October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12G), Runoff (12R)

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 2006 through 09 30 2006

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 Kelly Lawler

Signature of Treasurer Electronically Filed by Kelly Lawler Date 10 12 2006

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

Table with 7 columns for Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
OCPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date									
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		0.00
Y	Y	Y	Y								
2	0	0	6								
(b) Cash on Hand at Beginning of Reporting Period .....	9948.00										
(c) Total Receipts (from Line 19) .....	37456.21	47456.21									
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	47404.21	47456.21									
7. Total Disbursements (from Line 31) .....	28869.99	28921.99									
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18534.22	18534.22									
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00										
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.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**

Write or Type Committee Name  
OCPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	25000.00	35000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25000.00	35000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	12400.00	12400.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	37400.00	47400.00
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.) .....	56.21	56.21
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 Transfer (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)) .....	37456.21	47456.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37456.21	47456.21

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2869.99	2921.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2869.99	2921.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	26000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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 (2 U.S.C 431(20))		
(a) Shared 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))..	28869.99	28921.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28869.99	28921.99

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	37400.00	47400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37400.00	47400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2869.99	2921.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2869.99	2921.99

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OCPAC

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

Mailing Address 1963 Vista Caudal

City State Zip Code  
Newport Beach CA 92660-3915

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

Name of Employer T.D. Service Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: SA11A1-7-5-c

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Juan Forster

Mailing Address 12245 Circula Panorama

City State Zip Code  
Santa Ana CA 92705-1376

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

Name of Employer Paramount Corp. Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: SA11A1-8-6-c

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Lawrence Higby

Mailing Address 26220 Enterprise Court

City State Zip Code  
Lake Forest CA 92630-8405

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

Name of Employer Apria Healthcare Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: SA11A1-9-7-c

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OCPAC

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

Mailing Address 1558 Hillcrest Avenue

City State Zip Code  
Glendale CA 91202-1238

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2006

Transaction ID: SA11A1-11-9-c

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Kim Megoigal

Mailing Address PO Box 25190

City State Zip Code  
Santa Ana CA 92799-5190

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

Name of Employer Kimco Staffing Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2006

Transaction ID: SA11A1-14-12-c

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Brandon Birtcher

Mailing Address 18201 Von Karman Avenue Suite 1170

City State Zip Code  
Irvine CA 92612-1093

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

Name of Employer Birtcher Development Occupation Real Estate Development & Investment

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2006

Transaction ID: SA11A1-15-13-c

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OCPAC

A. Full Name (Last, First, Middle Initial) H. Jeff Hamar		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1518 N Raymond Avenue		Transaction ID: SA11A1-16-14-c	
City Fullerton	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 92831-2054			
FEC ID number of contributing federal political committee. C			
Name of Employer Galleher, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Larry Green		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 4536 Roxbury Road		Transaction ID: SA11A1-19-17-c	
City Corona Del Mar	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 92625-3125			
FEC ID number of contributing federal political committee. C			
Name of Employer Systems Paving, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Charlie Rinehart		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1811 La Cuesta Drive		Transaction ID: SA11A1-20-18-c	
City Santa Ana	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 92705-5913			
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OCPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hadi Makarechian		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 3535 E Coast Highway # 351		<b>Transaction ID:</b> SA11A1-23-22-c
City State Zip Code Corona Del Mar CA 92625-2404	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Capital Pacific Holdings	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Hadi Makarechian		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 3535 E Coast Highway # 351		<b>Transaction ID:</b> SA11A1-23-23-c
City State Zip Code Corona Del Mar CA 92625-2404	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Capital Pacific Holdings	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Olson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 351 E Bayfront		<b>Transaction ID:</b> SA11A1-25-32-c
City State Zip Code Newport Beach CA 92662-1317	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RD Olson Construction	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
OCPAC

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

Mailing Address 351 E Bayfront

City	State	Zip Code
Newport Beach	CA	92662-1317

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

Name of Employer n/a	Occupation Homemaker
-------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	6

Transaction ID: SA11A1-26-33-c

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25000.00

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

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

FOR LINE NUMBER: PAGE 11 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
OCPAC

**A.** Full Name (Last, First, Middle Initial)  
Allergan Inc., PAC  
 Mailing Address 2148 E Orangeview Lane  
 City State Zip Code  
 Orange CA 92867-1820  
 FEC ID number of contributing federal political committee. **C** C00292102  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 6  
**Transaction ID:** SA11C-5-2-c  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Pacific Life Insurance Company PAC  
 Mailing Address 700 Newport Center Drive  
 City State Zip Code  
 Newport Beach CA 92660-6307  
 FEC ID number of contributing federal political committee. **C** C00068528  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 6  
**Transaction ID:** SA11C-6-3-c  
 Amount of Each Receipt this Period  
 400.00

**C.** Full Name (Last, First, Middle Initial)  
American Society of Anesthesiologists PAC  
 Mailing Address 520 N Northwest Highway  
 City State Zip Code  
 Park Ridge IL 60068-2538  
 FEC ID number of contributing federal political committee. **C** C00255752  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 6  
**Transaction ID:** SA11C-10-8-c  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 16
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
OCPAC

Full Name (Last, First, Middle Initial) <b>A.</b> Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address PO Box 365		<b>Transaction ID:</b> SA11C-22-21-c
City State Zip Code Washington DC 20044-0365	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00211318		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> The Irvine Company Employees PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006
Mailing Address 350 Newport Center Drive		<b>Transaction ID:</b> SA11C-24-27-c
City State Zip Code Newport Beach CA 92660-7529	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00131615		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12400.00

**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 13 / 16

<input checked="" 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)  
OCPAC

Full Name (Last, First, Middle Initial) <b>A. Sara Myers</b>		<b>Transaction ID: SB21B-4-1-e</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 201 Bay Shore Avenue Unit 307		Amount of Each Disbursement this Period 1788.38
City Long Beach State CA Zip Code 90803-3592		
Purpose of Disbursement Fundraising: Reimburse Expenses Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		<b>Transaction ID: SB21B-3-26-e</b> Date of Disbursement 07 / 05 / 2006
Mailing Address 4850 Barranca Parkway		Amount of Each Disbursement this Period 52.45
City Irvine State CA Zip Code 92604-1702		
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo</b>		<b>Transaction ID: SB21B-3-28-e</b> Date of Disbursement 08 / 07 / 2006
Mailing Address 4850 Barranca Parkway		Amount of Each Disbursement this Period 55.09
City Irvine State CA Zip Code 92604-1702		
Purpose of Disbursement Administrative/Salary/Overhead: Bank Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1895.92
<b>TOTAL</b> 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)

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<input checked="" 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)  
OCPAC

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		<b>Transaction ID:</b> SB21B-3-29-e	
Mailing Address 4850 Barranca Parkway		Date of Disbursement 09 / 05 / 2006	
City Irvine	State CA	Zip Code 92604-1702	Amount of Each Disbursement this Period 52.00
Purpose of Disbursement Bank Fees		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-21-20-e	
Mailing Address 610 Gateway Center Way Suite K		Date of Disbursement 09 / 18 / 2006	
City San Diego	State CA	Zip Code 92102-4548	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Fundraising: Fundraising Fee		003 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-21-24-e	
Mailing Address 610 Gateway Center Way Suite K		Date of Disbursement 09 / 25 / 2006	
City San Diego	State CA	Zip Code 92102-4548	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Fundraising: Fundraising Fee		003 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>302.00</b>
<b>TOTAL</b> 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)

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<input checked="" 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)  
OCPAC

Full Name (Last, First, Middle Initial) <b>A. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-21-45-e	
Mailing Address 610 Gateway Center Way Suite K		Date of Disbursement MM / DD / YYYY 09 / 30 / 2006	
City San Diego	State CA	Zip Code 92102-4548	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Fundraising: Fundraising Fee		<input type="text" value="003"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mastro's Ocean Club</b>		<b>Transaction ID:</b> SB21B-44-1-V	
Mailing Address 8112 E Pacific Coast Highway		Date of Disbursement MM / DD / YYYY 09 / 08 / 2006	
City Newport Beach	State CA	Zip Code 92657-2144	Amount of Each Disbursement this Period 1740.38
Purpose of Disbursement Fundraising: Fundraiser Catering		<input type="text" value="003"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**[MEMO ITEM]**  
Subitemization of Sara Myers

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2697.92</b>

# 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)

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<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

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NAME OF COMMITTEE (In Full)  
OCPAC

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Committee</b>		Transaction ID: SB23-12-19-e Date of Disbursement																					
Mailing Address 320 1st Street SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	2		2	0	0	6														
City Washington	State DC	Zip Code 20003-1838	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution: Contribution		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type	<table border="1"> <tr> <td>16000.00</td> </tr> </table>	16000.00																	
011																							
Category/ Type																							
16000.00																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Committee</b>		Transaction ID: SB23-12-10-e Date of Disbursement																					
Mailing Address 320 1st Street SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
City Washington	State DC	Zip Code 20003-1838	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution: Contribution		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type	<table border="1"> <tr> <td>10000.00</td> </tr> </table>	10000.00																	
011																							
Category/ Type																							
10000.00																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<table border="1"><tr><td>26000.00</td></tr></table>	26000.00
26000.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td>26000.00</td></tr></table>	26000.00
26000.00			