

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 Southern California Fund

ADDRESS (number and street) 555 South Flower Street, #4210 Los Angeles CA 90071

2. FEC IDENTIFICATION NUMBER C00361410 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 2009

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 David L Gould

Signature of Treasurer Electronically Filed by David L Gould Date 07 08 2010

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**

Write or Type Committee Name  
Southern California Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		36010.90
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	20248.14									
(c) Total Receipts (from Line 19) .....	45190.00	64740.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65438.14	100750.90								
7. Total Disbursements (from Line 31) .....	22211.34	57524.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	43226.80	43226.80								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1000.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Southern California Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	21000.00	30900.00
(ii) Unitemized .....	190.00	190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21190.00	31090.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	24000.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	45190.00	64590.00
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.) .....	0.00	150.00
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 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)) .....	45190.00	64740.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	45190.00	64740.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	14811.34	31874.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	14811.34	31874.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	19000.00
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.....	4400.00	6650.00
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))..	22211.34	57524.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22211.34	57524.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	45190.00	64590.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45190.00	64590.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14811.34	31874.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14811.34	31874.10

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

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

FOR LINE NUMBER: PAGE 6 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Southern California Fund

**A.** Full Name (Last, First, Middle Initial)  
Paul Goldenberg

Mailing Address 1963 Tumin Rd

City State Zip Code  
La Habra CA 90631

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

Name of Employer Occupation  
None Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: 11AI-121**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Susan A Malchicoff

Mailing Address 701 Spruce Meadow Place

City State Zip Code  
Westlake Village CA 91362

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

Name of Employer Occupation  
Self-Employed Certified Public Accountant

Receipt For: 2009  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2009

**Transaction ID: 11AI-114**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Prem Reddy

Mailing Address 16850 Bear Valley Rd

City State Zip Code  
Victorville CA 92395

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

Name of Employer Occupation  
Desert Valley Medical Group Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2009

**Transaction ID: 11AI-119**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Southern California Fund

**A.**

Full Name (Last, First, Middle Initial)  
Mark Schwartz

Mailing Address 1727 Fernald Point Ln

City State Zip Code  
Montecito CA 93108

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

Name of Employer Specialty Merchandise Corp.  
Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID: 11AI-117**

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven F. Sobel

Mailing Address 5132 Topeka Drive.

City State Zip Code  
Tarzana CA 91356

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

Name of Employer Self Employed  
Occupation Real Estate Investor

Receipt For: 2010  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID: 11AI-123**

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
So Sik Yeung

Mailing Address 3971 Fredonia Dr

City State Zip Code  
Los Angeles CA 90068

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

Name of Employer None  
Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

**Transaction ID: 11AI-109**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>21000.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 17</span>
	(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)  
Southern California Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) AAJ PAC	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 777 6th St NW Ste 200	<b>Transaction ID:</b> 11C-120
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00024521	
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Carpenters' Legislative Improvement Committee	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 101 Constitution Ave NW 10th	<b>Transaction ID:</b> 11C-122
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00001016	
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 5000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) I.B.E.W.-C.O.P.E.	Date of Receipt MM / DD / YYYY 08 / 04 / 2009
	Mailing Address 900 Seventh St NW	<b>Transaction ID:</b> 11C-113
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00027342	
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 17</span>
	(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)  
Southern California Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Machinists Non-Partisan Political League		Date of Receipt																					
	Mailing Address 9000 Machinists Pl		<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>1</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	4		2	0	0	9														
	City State Zip Code Upper Marlboro MD 20772		<b>Transaction ID:</b> 11C-118																					
FEC ID number of contributing federal political committee. <b>C</b> C00002469		Amount of Each Receipt this Period																						
Name of Employer Occupation  Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <span style="font-size: small;">▼</span> Calendar Year		Aggregate Year-to-Date <span style="font-size: small;">▼</span> 5000.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Realtors Political Action Committee		Date of Receipt																					
	Mailing Address 430 N Michigan Ave		<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>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	6		2	0	0	9														
	City State Zip Code Chicago IL 60611		<b>Transaction ID:</b> 11C-116																					
FEC ID number of contributing federal political committee. <b>C</b> C00030718		Amount of Each Receipt this Period																						
Name of Employer Occupation  Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <span style="font-size: small;">▼</span> Calendar Year		Aggregate Year-to-Date <span style="font-size: small;">▼</span> 5000.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) UA POLITICAL EDUCATION COMMITTEE		Date of Receipt																					
	Mailing Address 3 Park Pl		<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>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	8		2	0	0	9														
	City State Zip Code Annapolis MD 21401		<b>Transaction ID:</b> 11C-112																					
FEC ID number of contributing federal political committee. <b>C</b> C00012476		Amount of Each Receipt this Period																						
Name of Employer Occupation  Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <span style="font-size: small;">▼</span> Calendar Year		Aggregate Year-to-Date <span style="font-size: small;">▼</span> 5000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>13000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>24000.00</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)

<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)  
Southern California Fund

A.	Full Name (Last, First, Middle Initial) Scott W. Abrams	Transaction ID: 21B-189 Date of Disbursement 08 / 06 / 2009
	Mailing Address 501 Pacific Street #202	Amount of Each Disbursement this Period 1000.00
	City Santa Monica State CA Zip Code 90405	
	Purpose of Disbursement Fundraiser Management Fee 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) ▼

B.	Full Name (Last, First, Middle Initial) Scott W. Abrams	Transaction ID: 21B-192 Date of Disbursement 09 / 02 / 2009
	Mailing Address 501 Pacific Street #202	Amount of Each Disbursement this Period 1000.00
	City Santa Monica State CA Zip Code 90405	
	Purpose of Disbursement Fundraising Management Fee 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) ▼

C.	Full Name (Last, First, Middle Initial) Scott W. Abrams	Transaction ID: 21B-197 Date of Disbursement 10 / 14 / 2009
	Mailing Address 501 Pacific Street #202	Amount of Each Disbursement this Period 1000.00
	City Santa Monica State CA Zip Code 90405	
	Purpose of Disbursement Fundraiser Management Fee 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) ▼

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

3000.00

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)

<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)  
Southern California Fund

A.	Full Name (Last, First, Middle Initial) Scott W. Abrams	Transaction ID: 21B-203 Date of Disbursement
	Mailing Address 501 Pacific Street #202	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Santa Monica State CA Zip Code 90405	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser Management Fee Candidate Name	<input type="text" value="1000.00"/>
	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) ▼
		<input type="text" value="003"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Scott W. Abrams	Transaction ID: 21B-207 Date of Disbursement
	Mailing Address 501 Pacific Street #202	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Santa Monica State CA Zip Code 90405	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser Management Fee Candidate Name	<input type="text" value="1000.00"/>
	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) ▼
		<input type="text" value="003"/> Category/Type

C.	Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21B-190 Date of Disbursement
	Mailing Address 555 S Flower St Ste 4510	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Reporting Services & Expenses Candidate Name	<input type="text" value="769.69"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2769.69"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 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)  
Southern California Fund

A.	Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21B-193 Date of Disbursement
	Mailing Address 555 S Flower St Ste 4510	<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Reporting Services & Expenses	<input type="text" value="302.37"/>
	Candidate Name	<input type="text" value="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.	Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21B-198 Date of Disbursement
	Mailing Address 555 S Flower St Ste 4510	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Reporting Services & Office Expenses	<input type="text" value="364.37"/>
	Candidate Name	<input type="text" value="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) ▼

C.	Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21B-210 Date of Disbursement
	Mailing Address 555 S Flower St Ste 4510	<input type="text" value="12"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Reporting Services & Office Expenses	<input type="text" value="781.18"/>
	Candidate Name	<input type="text" value="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) .....	<input type="text" value="1447.92"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

<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)  
Southern California Fund

A.	Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: 21B-188 Date of Disbursement 08 / 04 / 2009
	Mailing Address 80 F St NW # 804	Amount of Each Disbursement this Period 1278.16
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraiser Management Fee/PAC Management & Expenses	001 Category/Type
	Candidate Name	
	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.	Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: 21B-191 Date of Disbursement 08 / 18 / 2009
	Mailing Address 80 F St NW # 804	Amount of Each Disbursement this Period 1250.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraiser Management Fee/PAC Management	001 Category/Type
	Candidate Name	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: 21B-194 Date of Disbursement 09 / 28 / 2009
	Mailing Address 80 F St NW # 804	Amount of Each Disbursement this Period 1250.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraiser Management Fee/PAC Management	001 Category/Type
	Candidate Name	
	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) .....	3778.16
<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)

<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)  
Southern California Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fraiori &amp; Associates</p> <p>Mailing Address 80 F St NW # 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Fundraiser Management Fee/PAC Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21B-202</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fraiori &amp; Associates</p> <p>Mailing Address 80 F St NW # 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Fundraiser Management Fee/PAC Management &amp; Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21B-205</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1273.24"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fraiori &amp; Associates</p> <p>Mailing Address 80 F St NW # 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Fundraiser Management Fee/PAC Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21B-209</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> <p><input type="text" value="001"/> Category/Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3773.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="14769.01"/>

**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 15 / 17

<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)  
Southern California Fund

A.	Full Name (Last, First, Middle Initial) Cal Voter	Transaction ID: 23-196 Date of Disbursement 09 / 30 / 2009
	Mailing Address 1280 Bison B9-585	Amount of Each Disbursement this Period 1000.00
	City Newport Beach State CA Zip Code 92660	
	Purpose of Disbursement Political Contribution Candidate Name Cal Voter Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Calendar year	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Capuano for Congress Committee	Transaction ID: 23-201 Date of Disbursement 10 / 26 / 2009
	Mailing Address P.O. Box 410139	Amount of Each Disbursement this Period 1000.00
	City Cambridge State MA Zip Code 02141	
	Purpose of Disbursement Political Contribution Candidate Name Mike Capuano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) Bill Owens for Congress	Transaction ID: 23-200 Date of Disbursement 10 / 23 / 2009
	Mailing Address 1 Cumberland Ave.	Amount of Each Disbursement this Period 1000.00
	City Plattsburgh State NY Zip Code 12901	
	Purpose of Disbursement Political Contribution Candidate Name Bill Owens Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: NY District: 23	011 Category/ Type

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

# 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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Southern California Fund

A.

Full Name (Last, First, Middle Initial)  
Krekorian for City Council

Transaction ID: 29-204  
Date of Disbursement

Mailing Address 13063 Victory Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

City State Zip Code  
North Hollywood CA 91606

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Political Contribution

011
-----

Category/  
Type

Candidate Name  
Krekorian for City Council

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mike Gatto for Assembly 2010

Transaction ID: 29-208  
Date of Disbursement

Mailing Address 2658 Griffith Park Blvd. #415

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	9

City State Zip Code  
Los Angeles CA 90039

Amount of Each Disbursement this Period

3900.00
---------

Purpose of Disbursement  
Political Contribution

011
-----

Category/  
Type

Candidate Name  
Mike Gatto for Assembly 2010

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

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

4400.00
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TOTAL This Period (last page this line number only) .....

4400.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Southern California Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Scott W. Abrams			Nature of Debt (Purpose): Fundraiser Management Fee
Mailing Address 501 Pacific Street #202			
City Santa Monica	State CA	ZIP Code 90405	

Outstanding Balance Beginning This Period		<b>Transaction ID: D10-157-V</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1000.00	0.00	1000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	1000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	1000.00