

**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)

<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

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)  
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

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

Transaction ID: 11AI-121

Amount of Each Receipt this Period

<b>2000.00</b>
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**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

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

Transaction ID: 11AI-114

Amount of Each Receipt this Period

<b>5000.00</b>
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**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

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

Transaction ID: 11AI-119

Amount of Each Receipt this Period

<b>5000.00</b>
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**SUBTOTAL** of Receipts This Page (optional) .....

<b>12000.00</b>
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**TOTAL** This Period (last page this line number only) .....

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