

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 S. Flower St., Suite 4210
 Check if different than previously reported. (ACC)
Los Angeles CA 90071

2. **FEC IDENTIFICATION NUMBER** C00361410
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)
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
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 David Gould

Signature of Treasurer Electronically Filed by David Gould 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.

**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	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		11191.39
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	3680.21									
(c) Total Receipts (from Line 19)	22800.00	62300.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26480.21	73491.39								
7. Total Disbursements (from Line 31)	11798.22	58809.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14681.99	14681.99								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	4893.00									

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
Southern California Fund

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		
(i) Itemized (use Schedule A)	20800.00	47800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20800.00	47800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	2000.00	14500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22800.00	62300.00
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	0.00
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))	22800.00	62300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22800.00	62300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	798.22	10809.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	798.22	10809.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10000.00	29500.00
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	17500.00
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	1000.00	1000.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1000.00	1000.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11798.22	58809.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11798.22	58809.40

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)	22800.00	62300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22800.00	62300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	798.22	10809.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	798.22	10809.40

**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	

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

Full Name (Last, First, Middle Initial) A. Kurken Alyanakian		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 2455 Colorado Blvd. #400		Transaction ID: C178	
City State Zip Code Los Angeles CA 90041		Amount of Each Receipt this Period 2900.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation DDCM Incorporated Executive			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2900.00	

Full Name (Last, First, Middle Initial) B. S. Diana S. Gonzalez		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 501 Sadie Rd.		Transaction ID: C179	
City State Zip Code Topanga CA 90290		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation None Homemaker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Armenuhi Petrosyan		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 2455 Colorado Blvd. #400		Transaction ID: C177	
City State Zip Code Los Angeles CA 90041		Amount of Each Receipt this Period 2900.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation None Homemaker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2900.00	

SUBTOTAL of Receipts This Page (optional) ▶	10800.00
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 7 / 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"/> 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)
Lynda A Schwartz

Mailing Address 1695 Fernald point Ln

City State Zip Code
Montecito CA 93108

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

Name of Employer Occupation
None Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: C175

Amount of Each Receipt this Period
5000.00

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

Mailing Address 996 Flower Glen

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Specialty Merchandise Corp. President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: C174

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	20800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 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)
Southern California Fund

A. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address 430 N. Michigan Ave.

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	6

Transaction ID: C176

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

**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 9 / 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)
Southern California Fund

Full Name (Last, First, Middle Initial)

A. David L. Gould Company

Mailing Address 555 South Flower St Suite 4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Filing Expense (Gen. PAC Exp.)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D393

Date of Disbursement

07 / 05 / 2006

Amount of Each Disbursement this Period

777.99

SUBTOTAL of Disbursements This Page (optional)

777.99

TOTAL This Period (last page this line number only)

777.99

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 10 / 16

<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

Full Name (Last, First, Middle Initial) A. Alan Mollohan For Congress Committee		Transaction ID: D388 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address P.O. Box 1343		Amount of Each Disbursement this Period 1000.00	
City Fairmont State WV Zip Code 26555	Purpose of Disbursement CONTRIBUTIONS GIVEN	Category/ Type	
Candidate Name Alan Mollohan	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 01		

Full Name (Last, First, Middle Initial) B. Beilenson For Congress		Transaction ID: D389 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6	
Mailing Address P.O. Box 5594		Amount of Each Disbursement this Period 1000.00	
City Towson State MD Zip Code 21285	Purpose of Disbursement CONTRIBUTIONS GIVEN	Category/ Type	
Candidate Name Peter Beilenson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 03		

Full Name (Last, First, Middle Initial) C. Ben Cardin For Senate		Transaction ID: D390 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address P.O. Box 21093		Amount of Each Disbursement this Period 1000.00	
City Catonsville State MD Zip Code 21228	Purpose of Disbursement CONTRIBUTIONS GIVEN	Category/ Type	
Candidate Name Ben Cardin	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 11 / 16

<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

Full Name (Last, First, Middle Initial) A. Bob Casey for Pennsylvania		Transaction ID: D391 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 22469		Amount of Each Disbursement this Period 1000.00
City Philadelphia	State PA	
Zip Code 19110		
Purpose of Disbursement CONTRIBUTIONS GIVEN		
Candidate Name Bob Casey		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District:		

Full Name (Last, First, Middle Initial) B. Chet Edwards for Congress		Transaction ID: D392 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address P.O.Box 23273		Amount of Each Disbursement this Period 1000.00
City Waco	State TX	
Zip Code 76702		
Purpose of Disbursement CONTRIBUTIONS GIVEN		
Candidate Name Chet Edwards		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 17		

Full Name (Last, First, Middle Initial) C. Friends of Mazie Hirono		Transaction ID: D395 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 1000.00
City Honolulu	State HI	
Zip Code 96809		
Purpose of Disbursement CONTRIBUTIONS GIVEN		
Candidate Name Mazie Hirono		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 12 / 16

<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

Full Name (Last, First, Middle Initial) A. Friends of Sherrod Brown		Transaction ID: D396 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 963		Amount of Each Disbursement this Period 1000.00
City Amherst State OH Zip Code 44001	Category/ Type	
Purpose of Disbursement CONTRIBUTIONS GIVEN		
Candidate Name Sherrod Brown		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Harry Mitchell For Congress		Transaction ID: D397 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 23748		Amount of Each Disbursement this Period 1000.00
City Tempe State AZ Zip Code 85285-3748	Category/ Type	
Purpose of Disbursement CONTRIBUTIONS GIVEN		
Candidate Name Harry Mitchell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Spratt For Congress		Transaction ID: D399 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 830		Amount of Each Disbursement this Period 1000.00
City York State SC Zip Code 29745	Category/ Type	
Purpose of Disbursement CONTRIBUTIONS GIVEN		
Candidate Name John Spratt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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) ▶	(Empty box)

**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 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)
Linda Stender For Congress

Mailing Address P.O. Box 730

City State Zip Code
Scotch Plains NJ 07076

Purpose of Disbursement
CONTRIBUTIONS GIVEN

Candidate Name
Linda Stender

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D400

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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)

PAGE 14 / 16

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

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NAME OF COMMITTEE (In Full)
Southern California Fund

Full Name (Last, First, Middle Initial)
A. HOOLEY FOR CONGRESS

Transaction ID: D398

Date of Disbursement

Mailing Address PO BOX 2050

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

City SALEM State OR Zip Code 97308

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTIONS GIVEN

Category/
Type

Candidate Name
Darlene Hooley

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OR District: 05

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 / 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Southern California Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould	Nature of Debt (Purpose):
Mailing Address 555 South Flower Street #4210	
City State ZIP Code Los Angeles CA 90071	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D402	
Amount Incurred This Period 842.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 842.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould	Nature of Debt (Purpose):
Mailing Address 555 South Flower Street #4210	
City State ZIP Code Los Angeles CA 90071	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D401	
Amount Incurred This Period 723.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 723.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fraioi & Associates	Nature of Debt (Purpose): PAC Management
Mailing Address 80 F Street, N.W., #804	
City State ZIP Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D405	
Amount Incurred This Period 1326.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 1326.60

1) SUBTOTALS This Period This Page (optional).....	2893.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

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 Fraioli & Associates			Nature of Debt (Purpose): PAC Management
Mailing Address 80 F Street, N.W., #804			
City State Washington DC	ZIP Code 20001		

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: D404	
Amount Incurred This Period <input type="text" value="1000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fraioli & Associates			Nature of Debt (Purpose): PAC Management
Mailing Address 80 F Street, N.W., #804			
City State Washington DC	ZIP Code 20001		

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: D403	
Amount Incurred This Period <input type="text" value="1000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2000.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="4893.00"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>