

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
 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 (12S)
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 01 01 2010 through 03 31 2010

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							
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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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		43226.80
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	43226.80									
(c) Total Receipts (from Line 19)	18500.00	18500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61726.80	61726.80								
7. Total Disbursements (from Line 31)	17524.90	17524.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44201.90	44201.90								
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)	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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	7500.00	7500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7500.00	7500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18500.00	18500.00
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))	18500.00	18500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18500.00	18500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	9324.90	9324.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9324.90	9324.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
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.....	4200.00	4200.00
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))..	17524.90	17524.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17524.90	17524.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 14

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)	18500.00	18500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18500.00	18500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9324.90	9324.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9324.90	9324.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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) Ozzie Silna		Date of Receipt
Mailing Address 23301 Palm Canyon Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Malibu State CA Zip Code 90265		Transaction ID: 11AI-126
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Action Embroidery Corp. Occupation Executive		<input type="text"/> 2500.00
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Calendar Year	Aggregate Year-to-Date <input type="text"/> 2500.00	

B.

Full Name (Last, First, Middle Initial) Thomas A Turner, Jr.		Date of Receipt
Mailing Address 703 S 8th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Las Vegas State NV Zip Code 89101		Transaction ID: 11AI-127
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Turner & Associates Occupation Attorney		<input type="text"/> 5000.00
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Calendar Year	Aggregate Year-to-Date <input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 7500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 7500.00

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

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

FOR LINE NUMBER: PAGE 7 / 14
(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)
American Federation of State County & Municipal Employees AFL-CIO
 Mailing Address 1625 L St NW
 City Washington State DC Zip Code 20036
 Date of Receipt 01 / 28 / 2010
Transaction ID: 11C-129
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00011114
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date 1000.00

B. Full Name (Last, First, Middle Initial)
CULAC the PAC of Credit Union National Association
 Mailing Address 601 Pennsylvania Ave NW Ste 600
 City Washington State DC Zip Code 20004
 Date of Receipt 01 / 25 / 2010
Transaction ID: 11C-128
 Amount of Each Receipt this Period 5000.00
 FEC ID number of contributing federal political committee. **C** C00007880
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date 5000.00

C. Full Name (Last, First, Middle Initial)
I.B.E.W.-C.O.P.E.
 Mailing Address 900 Seventh St NW
 City Washington State DC Zip Code 20001
 Date of Receipt 03 / 31 / 2010
Transaction ID: 11C-130
 Amount of Each Receipt this Period 5000.00
 FEC ID number of contributing federal political committee. **C** C00027342
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date 5000.00

SUBTOTAL of Receipts This Page (optional) ► 11000.00
TOTAL This Period (last page this line number only) ► 11000.00

**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 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-213 Date of Disbursement
	Mailing Address 501 Pacific Street #202	<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	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:	<input type="text" value="003"/> Category/Type
	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-214 Date of Disbursement
	Mailing Address 501 Pacific Street #202	<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	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:	<input type="text" value="003"/> Category/Type
	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-223 Date of Disbursement
	Mailing Address 501 Pacific Street #202	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	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:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<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-218 Date of Disbursement																			
	Mailing Address 555 S Flower St Ste 4510	<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>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	1	0												
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Reporting Services Candidate Name	<table border="1"><tr><td>1875.00</td></tr></table>	1875.00																		
1875.00																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

B.	Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21B-219 Date of Disbursement																			
	Mailing Address 555 S Flower St Ste 4510	<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>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	1	0												
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Expenses Candidate Name	<table border="1"><tr><td>263.95</td></tr></table>	263.95																		
263.95																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

C.	Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21B-224 Date of Disbursement																			
	Mailing Address 555 S Flower St Ste 4510	<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>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Reporting Services Candidate Name	<table border="1"><tr><td>308.75</td></tr></table>	308.75																		
308.75																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2447.70</td></tr></table>	2447.70
2447.70		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 / 14

<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>A. Full Name (Last, First, Middle Initial) David L. Gould Company</p> <p>Mailing Address 555 S Flower St Ste 4510</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Office 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>Transaction ID: 21B-225</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="127.20"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Fraioli & 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</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>Transaction ID: 21B-215</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>C. Full Name (Last, First, Middle Initial) Fraioli & 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</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>Transaction ID: 21B-222</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>

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 11 / 14

<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)
Fraioli & Associates

Mailing Address 80 F St NW # 804

City Washington State DC Zip Code 20001

Purpose of Disbursement
Fundraiser Management Fee

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 21B-228

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

TOTAL This Period (last page this line number only) ▶

9324.90

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 / 14

<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) Democratic State Central Committee of CA <hr/> Mailing Address 1401 21st Street Suite 200 <hr/> City Sacramento State CA Zip Code 95811 <hr/> Purpose of Disbursement Political Contribution Candidate Name Democratic State Central Committee of CA <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar year	Transaction ID: 23-227 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NACPAC <hr/> Mailing Address 3389 Sheridan St Ste 424 <hr/> City Hollywood State FL Zip Code 33021 <hr/> Purpose of Disbursement Non-Federal Political Contribution Candidate Name NACPAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar year	Transaction ID: 23-221 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Barbara Boxer <hr/> Mailing Address P.O. Box 411176 <hr/> City Los Angeles State CA Zip Code 90041 <hr/> Purpose of Disbursement Political Contribution Candidate Name Barbara Boxer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23-220 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

4000.00

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 / 14

<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

<p>A. Full Name (Last, First, Middle Initial) Mike Gatto for Assembly</p> <p>Mailing Address 2658 Griffith Park Blvd. #415</p> <p>City Los Angeles State CA Zip Code 90039</p> <p>Purpose of Disbursement Non-Federal Political Contribution</p> <p>Candidate Name Mike Gatto for Assembly</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29-216 Date of Disbursement 01 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Gatto for Assembly</p> <p>Mailing Address 2658 Griffith Park Blvd. #415</p> <p>City Los Angeles State CA Zip Code 90039</p> <p>Purpose of Disbursement Non-Federal Political Contribution</p> <p>Candidate Name Mike Gatto for Assembly</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29-226 Date of Disbursement 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Vote for Parks</p> <p>Mailing Address 2018 Glastonbury Road</p> <p>City Westlake Village State CA Zip Code 91361</p> <p>Purpose of Disbursement Non-Federal Political Contribution</p> <p>Candidate Name Vote for Parks</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29-217 Date of Disbursement 01 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4200.00

TOTAL This Period (last page this line number only) ▶

4200.00

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 State ZIP Code
Santa Monica CA 90405

Outstanding Balance Beginning This Period

1000.00

Transaction ID: D10-157-V

Amount Incurred This Period

1000.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

1000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

1000.00