03/31/2003 17 : 42

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

Cooperative of American Physicians Federal Action Committee

ADDRESS (number and street) ▼ 333 S. Hope Street, 8th Floor

Check if different than previously reported. (ACC)

Los Angeles | CA | 90071 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00161604

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT NEW (N) **OR** X 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)

X 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 (M13)

(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 **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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 Brett LaRock

Signature of Treasurer Electronically Filed by Brett LaRock Date 03 31 2003

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 (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
Cooperative of American Physicians Federal Action Committee

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		38344.26
(b) Cash on Hand at Begining of Reporting Period	45214.76	
(c) Total Receipts (from Line 19)	19984.00	40234.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65198.76	78578.26
7. Total Disbursements (from Line 30)	6102.06	19481.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59096.70	59096.70
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)	0.00	

X 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

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

Cooperative of American Physicians Federal Action Committee

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

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)	1349.00	
(ii) Unitemized	18635.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	19984.00	40234.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	19984.00	40234.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	19984.00	40234.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	19984.00	40234.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	3102.06	6082.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	3102.06	6082.58
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	3000.00	13199.00
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	200.00
(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	200.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	6102.06	19481.58
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	6102.06	19481.58
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	19984.00	40234.00
33. Total Contribution Refunds (from Line 28(d))	0.00	200.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	19984.00	40034.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	3102.06	6082.58
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	3102.06	6082.58

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 5 / 11

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Action Committee

A. Full Name (Last, First, Middle Initial)
DANIEL BORENSTEIN, MD

Mailing Address
151 N CANYON VIEW DR

City: LOS ANGELES State: CA Zip Code: 90049

FEC ID number of contributing federal political committee.

Name of Employer: DANIEL BORENSTEIN, MD
Occupation: PHYSICIAN

Receipt For: 2001
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 17 2001

Amount of Each Receipt this Period: 200.00

Transaction ID: 11(a)(i)18

B. Full Name (Last, First, Middle Initial)
DAVID SIEVERS, MD

Mailing Address
18370 BURBANK BLVD #607

City: TARZANA State: CA Zip Code: 91356

FEC ID number of contributing federal political committee.

Name of Employer: DAVID SIEVERS, MD
Occupation: PHYSICIAN

Receipt For: 2001
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 18 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: 11(a)(i)20

C. Full Name (Last, First, Middle Initial)
J. HARTLEY TURPIN

Mailing Address
400 NEWPORT CENTER DRIVE #703

City: NEWPORT BEACH State: CA Zip Code: 92660

FEC ID number of contributing federal political committee.

Name of Employer: J. HARTLEY TURPIN, MD
Occupation: PHYSICIAN

Receipt For: 2001
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 07 17 2001

Amount of Each Receipt this Period: 325.00

Transaction ID: 11(a)(i)19

SUBTOTAL of Receipts This Page (optional) ..... ▶ **825.00**

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: (check only one) PAGE 6 / 11

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Action Committee

A.
Full Name (Last, First, Middle Initial): PHILLIP UNGER MD
Mailing Address: 1709 RAINTREE ROAD
City: FULLERTON State: CA Zip Code: 92835
FEC ID number of contributing federal political committee.
Name of Employer: PHILLIP UNGER, MD
Occupation: PHYSICIAN
Receipt For: 2001 Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 28 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: 11(a)(i)21

B.
Full Name (Last, First, Middle Initial): J. MICHAEL WORMLEY, MD
Mailing Address: 210 S GRAND #224
City: GLENDORA State: CA Zip Code: 91741
FEC ID number of contributing federal political committee.
Name of Employer: J. MICHAEL WORMLEY, MD
Occupation: PHYSICIAN
Receipt For: 2001 Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 324.00
Date of Receipt: 07 17 2001
Amount of Each Receipt this Period: 112.00
Transaction ID: 11(a)(i)17

C.
Full Name (Last, First, Middle Initial): J. MICHAEL WORMLEY, MD
Mailing Address: 210 S GRAND #224
City: GLENDORA State: CA Zip Code: 91741
FEC ID number of contributing federal political committee.
Name of Employer: J. MICHAEL WORMLEY, MD
Occupation: PHYSICIAN
Receipt For: 2001 Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 324.00
Date of Receipt: 08 31 2001
Amount of Each Receipt this Period: 112.00
Transaction ID: 11(a)(i)23

SUBTOTAL of Receipts This Page (optional) ..... ▶ **524.00**

TOTAL This Period (last page this line number only) ..... ▶ **1349.00**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Action Committee

A.
Full Name (Last, First, Middle Initial)
Law Office of Russell H. Miller

Mailing Address
20 Park Road, Suite E
City: Burlingame State: CA Zip Code: 94010-4443

Purpose of Disbursement
Legal & Accounting Services
Candidate Name
Category/Type: 001

Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 08 01 2001
Amount of Each Disbursement this Period: 477.19
Transaction ID: B21(b)33

B.
Full Name (Last, First, Middle Initial)
Law Office of Russell H. Miller

Mailing Address
20 Park Road, Suite E
City: Burlingame State: CA Zip Code: 94010-4443

Purpose of Disbursement
Legal & Accounting Services
Candidate Name
Category/Type: 001

Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 08 30 2001
Amount of Each Disbursement this Period: 611.97
Transaction ID: B21(b)34

C.
Full Name (Last, First, Middle Initial)
Law Office of Russell H. Miller

Mailing Address
20 Park Road, Suite E
City: Burlingame State: CA Zip Code: 94010-4443

Purpose of Disbursement
Legal & Accounting Services
Candidate Name
Category/Type: 001

Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 10 2001
Amount of Each Disbursement this Period: 489.81
Transaction ID: B21(b)35

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1578.97**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Action Committee

A.
Full Name (Last, First, Middle Initial)
Law Office of Russell H. Miller

Mailing Address
20 Park Road, Suite E
City: Burlingame State: CA Zip Code: 94010-4443

Purpose of Disbursement
Legal & Accounting Services
Candidate Name
Category/Type: 001

Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 09 / 2001
Amount of Each Disbursement this Period: 492.57
Transaction ID: B21(b)37

B.
Full Name (Last, First, Middle Initial)
Law Office of Russell H. Miller

Mailing Address
20 Park Road, Suite E
City: Burlingame State: CA Zip Code: 94010-4443

Purpose of Disbursement
Legal & Accounting Services
Candidate Name
Category/Type: 001

Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 08 / 2001
Amount of Each Disbursement this Period: 541.76
Transaction ID: B21(b)42

C.
Full Name (Last, First, Middle Initial)
Law Office of Russell H. Miller

Mailing Address
20 Park Road, Suite E
City: Burlingame State: CA Zip Code: 94010-4443

Purpose of Disbursement
Legal & Accounting Services
Candidate Name
Category/Type: 001

Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 14 / 2001
Amount of Each Disbursement this Period: 488.78
Transaction ID: B21(b)46

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1523.09**

TOTAL This Period (last page this line number only) ..... ▶ **3102.06**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Action Committee

A. Full Name (Last, First, Middle Initial)
Alaskans for Don Young

Mailing Address
Post Office Box 100298

City: Anchorage | State: AK | Zip Code: 99510

Purpose of Disbursement

Candidate Name: Young Don

Category/Type: 011

Office Sought: X House / Senate / President
State: AK District: 00

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 07 / 19 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: B2332

B. Full Name (Last, First, Middle Initial)
Christopher Cox Congressional Committee

Mailing Address
PO Box 8088

City: Newport Beach | State: CA | Zip Code: 92658

Purpose of Disbursement

Candidate Name: Cox Christopher

Category/Type: 011

Office Sought: X House / Senate / President
State: CA District: 48

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: B2339

C. Full Name (Last, First, Middle Initial)
Dan Burton for Congress Committee

Mailing Address
PO Box 16021

City: Alexandria | State: VA | Zip Code: 22302

Purpose of Disbursement

Candidate Name: Burton Dan

Category/Type: 011

Office Sought: X House / Senate / President
State: IN District: 06

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 250.00

Transaction ID: B2340

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1250.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Action Committee

A.
Full Name (Last, First, Middle Initial)
Dreier for Congress Committee

Mailing Address
536 Second Ave, #B
City: Covina State: CA Zip Code: 91723

Purpose of Disbursement

Candidate Name
Dreier David

011 Category/Type

Office Sought: X House / Senate / President
State: CA District: 26

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: B2338

B.
Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address
PO Box 90488
City: Washington State: DC Zip Code: 20090

Purpose of Disbursement

Candidate Name

011 Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2001
X Primary / General / Other (specify)

Date of Disbursement: 07 / 03 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: B2329

C.
Full Name (Last, First, Middle Initial)
Royce Campaign Committee

Mailing Address
Post Office Box 6765
City: Fullerton State: CA Zip Code: 92834

Purpose of Disbursement

Candidate Name
Royce Ed

011 Category/Type

Office Sought: X House / Senate / President
State: CA District: 39

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 / 05 / 2001

Amount of Each Disbursement this Period: 400.00

Transaction ID: B2336

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1900.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Action Committee

A.
Full Name (Last, First, Middle Initial)
Solis for Congress

Mailing Address
1531 Purdue Ave
City: Los Angeles
State: CA
Zip Code: 90025

Purpose of Disbursement

Candidate Name
Solis Hilda

011
Category/Type

Office Sought: X House / Senate / President
State: CA District: 32

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
11 02 2001

Amount of Each Disbursement this Period
350.00

Transaction ID: B2341

B.
Full Name (Last, First, Middle Initial)
Stevens for Senate Committee

Mailing Address
PO Box 1766
City: Washington
State: DC
Zip Code: 20013

Purpose of Disbursement
Check Never Cashed

Candidate Name
Stevens Ted

011
Category/Type

Office Sought: House / X Senate / President
State: AK District:

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
08 03 2001

Amount of Each Disbursement this Period
-500.00

Transaction ID: B2345

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **-150.00**

TOTAL This Period (last page this line number only) ..... ▶ **3000.00**