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) X **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)	X 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 09 01 2004 through 09 30 2004

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: Cindy Lesonsky

Signature of Treasurer: Electronically Filed by Cindy Lesonsky — Date 10 12 2004

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 09 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		165001.73
(b) Cash on Hand at Begining of Reporting Period	178405.73	
(c) Total Receipts (from Line 19)	2250.00	92334.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	180655.73	257335.73
7. Total Disbursements (from Line 31)	-1716.00	74964.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	182371.73	182371.73
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	

CA

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 (Rev. 02/2003)

Write or Type Committee Name

Cooperative of American Physicians Federal Action Committee

Report Covering the Period: From: 09 01 2004 To: 09 30 2004

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)	750.00	
(ii) Unitemized	1500.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	2250.00	92334.00
(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 33, page 5) ..... ▶	2250.00	92334.00
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))	2250.00	92334.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2250.00	92334.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	-1916.00	71959.00
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	200.00	3005.00
(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)) ▶	200.00	3005.00
29. Other Disbursements	0.00	0.00
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))	-1716.00	74964.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	-1716.00	74964.00

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	2250.00	92334.00
34. Total Contribution Refunds (from Line 28(d))	200.00	3005.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2050.00	89329.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
Cooperative of American Physicians Federal Action Committee

A.
Full Name (Last, First, Middle Initial)
Kenneth Ishizue, M
Mailing Address 12705 Corte Cordillera
City: Salinas State: CA Zip Code: 93908
FEC ID number of contributing federal political committee: C
Name of Employer: Kenneth Ishizue, M
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 30 2004
Transaction ID: 11(a)(i)2912
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Mark Oyama, MD
Mailing Address 1260 15th St
City: Santa Monica State: CA Zip Code: 90404
FEC ID number of contributing federal political committee: C
Name of Employer: Mark Oyama, MD
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 30 2004
Transaction ID: 11(a)(i)2916
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Ronald Tung, MD
Mailing Address 18433 Roscoe
City: Northridge State: CA Zip Code: 91325
FEC ID number of contributing federal political committee: C
Name of Employer: Ronald Tung, MD
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 30 2004
Transaction ID: 11(a)(i)2917
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

TOTAL This Period (last page this line number only) ..... ▶ **750.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial): DOC PAC
Mailing Address: Post Office Box 65796
City: Washington State: DC Zip Code: 20035
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: B23274
Date of Disbursement: 09 / 21 / 2004
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Friends of Gordon Smith
Mailing Address: Post Office Box 19138
City: Alexandria State: VA Zip Code: 22320
Purpose of Disbursement: Political Contribution
Candidate Name: Gordon Smith
Category/Type: 011
Office Sought: House / X Senate / President
State: OR District:
Disbursement For: 2008 X Primary / General / Other (specify)
Transaction ID: B23273
Date of Disbursement: 09 / 20 / 2004
Amount of Each Disbursement this Period: 750.00

C. Full Name (Last, First, Middle Initial): Gallegly for Congress
Mailing Address: P.O. Box 940001
City: Simi Valley State: CA Zip Code: 93094-0001
Purpose of Disbursement: Political Contribution
Candidate Name: Elton Gallegly
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 24
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: B23275
Date of Disbursement: 09 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2250.00**

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	☐ 30b

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

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

Mailing Address 721 S. Brea Canyon Road, #7

City: Diamond Bar | State: CA | Zip Code: 91789

Purpose of Disbursement
Political Contribution

Candidate Name
Gary Miller

011 Category/Type

Office Sought: X House / Senate / President
State: CA District: 42

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: B23271
Date of Disbursement: 09 / 16 / 2004

Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Road to 51 Committee

Mailing Address 11150 Santa Monica Boulevard, #250

City: Santa Monica | State: CA | Zip Code: 00025

Purpose of Disbursement
10-31-02 Contribution Never Cashed

Candidate Name

011 Category/Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: B23279
Date of Disbursement: 09 / 28 / 2004

Amount of Each Disbursement this Period: -4666.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	-4166.00
TOTAL This Period (last page this line number only) ..... ▶	-1916.00

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

Full Name (Last, First, Middle Initial)
A. Unitemized refunds of contributions This Period: 09/01/-2004 - 09/30/2004

Mailing Address 333 S. Hope Street, 8th Floor

City: Los Angeles
State: CA
Zip Code: 90071

Purpose of Disbursement: Unitemized expenses

Category/Type: 001

Candidate Name

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: B28(a)09/30/2004
Date of Disbursement

Amount of Each Disbursement this Period: 200.00

SUBTOTAL of Disbursements This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	200.00