

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2015 JUL 28 AM 9:18

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

California Acupuncture Medical Association

Political Action Committee

6325 Topanga Cyn. Blvd., Suite 409

ADDRESS (number and street)

Check if different than previously reported. (ACC)

Woodland Hills

CA

91367

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 3 2 9 9 9

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 Year-End 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

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

PRE-Election

Report for the:

☐ 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 / 2015

through

06 / 30 / 2015

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: Dr. Ta Fang Chen

Signature of Treasurer:

Date

07 / 20 / 2015

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  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

California Acupuncture Medical Association PAC

Report Covering the Period:

From:

01 / 01 / 2015

To:

06 / 30 / 2015

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

2015

258000

- (b) Cash on Hand at  
Beginning of Reporting Period.....

258000

- (c) Total Receipts (from Line 19) .....

0

0

- (d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B) .....

258000

258000

7. Total Disbursements (from Line 31) .....

75000

75000

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

183000

183000

9. Debts and Obligations Owed **TO**  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

10. Debts and Obligations Owed **BY**  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0



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



## Page 4

FE5AN015

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) ..... ▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) ..... ▶

0
0
0
0
0
0

0
0
0
0
0
0

20150728030001452

**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 1 OF 1

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

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)

California Acupuncture Medical Association PAC

Full Name (Last, First, Middle Initial)

A. Schiff for Congress

Date of Disbursement

Mailing Address

150 E Olive Ave., Suite 208

03 / 20 / 2015

City

Burbank

State

CA

Zip Code

91502

Purpose of Disbursement

Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Adam Schiff

Category/  
Type

750.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 28

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

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

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

750.00

2015-07-28 00:14:44

6325 Topanga Cyn. Blvd., Suite 409  
Woodland Hills, CA 91367  
6325 Topanga Cyn. Blvd., Suite 409  
Woodland Hills, CA 91367

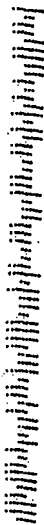
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Washington, DC 20463

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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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	Next Business Day Delivery <input type="checkbox"/>
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER  
(3/2015)

7/28/15  
DATE PREPARED

20150728 10:00:00 AM