

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEDERAL MAIL CENTER  
2010 APR 30 AM 11:38

Office Use Only

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

12FE4M5

COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS

ADDRESS (number and street) ▼

10050, E. Garvey Avenue, #103

Check if different than previously reported. (ACC)

El Monte

CA

91733

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00456723

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 PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2009

through

MM / DD / YYYY  
12 / 31 / 2009

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: Yushan Han

Signature of Treasurer: *Yushan Han*

Date: 04 / 20 / 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

**FEC FORM 3X**  
Rev. 12/2004

10030320751

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS**

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2009"/>	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	17,668.07	
(c) Total Receipts (from Line 19).....	5,118.71	28,786.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22,786.78	28,786.78
7. Total Disbursements (from Line 31).....	1,163.15	7,163.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21,623.63	21,623.63
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

10030320752

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS**

Report Covering the Period: From: 07 / 01 / 2009 To: 12 / 31 / 2009

**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).....	5,000.00	28,500.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,000.00	28,500.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,000.00	28,500.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	118.71	286.78
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5,118.71	28,786.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,118.71	28,786.78

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**DETAILED SUMMARY PAGE**  
of Disbursements

10030320754

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share .....			
(ii) Non-Federal Share .....			
(b) Other Federal Operating Expenditures .....			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....			
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		1,030.00	7,030.00
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....			
(b) Political Party Committees .....			
(c) Other Political Committees (such as PACs) .....			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....			
29. Other Disbursements .....		133.15	133.15
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....			
(ii) "Levin" Share .....			
(b) Federal Election Activity Paid Entirely With Federal Funds .....			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		1,163.15	7,163.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		1,163.15	7,163.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**pensitures**

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

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

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5,000.00	28,500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
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) .....	5,000.00	28,500.00

10030320755

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)  
**COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS**

Full Name (Last, First, Middle Initial) <b>A. CA Acupuncture Medicine Association</b>			Date of Receipt MM / DD / YYYY 12 / 28 / 2009	
Mailing Address 10728 E. Ramona Blvd.			Amount of Each Receipt this Period 2,350.00	
City El Monte	State CA	Zip Code 91731		
FEC ID number of contributing federal political committee. <b>C NONE</b>				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3,500.00		

Full Name (Last, First, Middle Initial) <b>B. CA Acupuncture Oriental Medicine Association</b>			Date of Receipt MM / DD / YYYY 12 / 28 / 2009	
Mailing Address 1003E. Helmen Avenue, #44			Amount of Each Receipt this Period 1,500.00	
City Monterey Park	State CA	Zip Code 91754		
FEC ID number of contributing federal political committee. <b>C NONE</b>				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1,500.00		

Full Name (Last, First, Middle Initial) <b>C. Hua-Chang Su</b>			Date of Receipt MM / DD / YYYY 12 / 28 / 2009	
Mailing Address 925 S. Atlantic Blvd., #206B			Amount of Each Receipt this Period 150.00	
City Monterey Park	State CA	Zip Code 91754		
FEC ID number of contributing federal political committee. <b>C NONE</b>				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4,000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

10030320756

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
<input 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)  
**COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS**

Full Name (Last, First, Middle Initial)  
**A. N. America Oriental & Western Medicine Academy**

Mailing Address  
**10050 E. Garvey Avenue, #103**

City **El Monte** State **CA** Zip Code **91733**

FEC ID number of contributing federal political committee. **C NONE**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,600.00**

Date of Receipt  
**12 / 28 / 2009**

Amount of Each Receipt this Period  
**1,000.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5,000.00</b>

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**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 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)

COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS

Full Name (Last, First, Middle Initial)

<b>A.</b> Diane Watson ID# C00364331		Date of Disbursement M M / D D / Y Y Y Y 10 31 2009	
Mailing Address 1901 Avenue Of The Street, #1025		Amount of Each Disbursement this Period \$ 150 . 00	
City Los Angeles	State CA		Zip Code 90067
Purpose of Disbursement Support			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>B.</b> Jeff Miller #1314129		Date of Disbursement M M / D D / Y Y Y Y 09 23 2009	
Mailing Address 976 Pacific Avenue		Amount of Each Disbursement this Period \$ 250 . 00	
City Willows	State CA		Zip Code 95988
Purpose of Disbursement Support			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>C.</b> Mike Eng ID# 1313549		Date of Disbursement M M / D D / Y Y Y Y 09 23 2009	
Mailing Address 6380 Wilshire Blvd., #1612		Amount of Each Disbursement this Period \$ 130 . 00	
City Los Angeles	State CA		Zip Code 90048
Purpose of Disbursement Support			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

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

\$ 530 . 00

\$ 530 . 00

10030320758



**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 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)

COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Van Tran ID# C00461962

MM/DD/YYYY  
07/03/2009

Mailing Address  
1100 Irvine Blvd., #736

City State Zip Code  
Tustin CA 92780

Purpose of Disbursement  
Support

Amount of Each Disbursement this Period  
\$ 250.00

Candidate Name

Category/Type

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. James Lau ID# 1318507

MM/DD/YYYY  
07/03/2009

Mailing Address  
P.O. Box 532

City State Zip Code  
Venice CA 90294

Purpose of Disbursement  
Support

Amount of Each Disbursement this Period  
\$ 100.00

Candidate Name

Category/Type

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Ted Liu For Attorney General ID# 1314048

MM/DD/YYYY  
07/08/2009

Mailing Address  
4647 Long Beach Blvd., #B3

City State Zip Code  
Long Beach CA 90805

Purpose of Disbursement  
Support

Amount of Each Disbursement this Period  
\$ 150.00

Candidate Name

Category/Type

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

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

\$ 500.00

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

\$ 1,030.00

10030320759

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
4/26/10  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER  
 (3/2005)

4/30/10  
 DATE PREPARED

10030320760