

LAW OFFICE OF
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RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

RUSSELL H. MILLER

1999 NOV 26 AM 10:39

ATTORNEY AT LAW
KIRK ALAN PESSNER
PARALEGAL/ADMINISTRATOR

November 19, 1999

VIA CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

Federal Election Commission
Public Records Office
999 E Street, NW
Washington, DC 20463

RE: **Cooperative of American Physicians
Federal Action Committee, C00161604**

Dear Filing Official:

Enclosed please find the November 1999 Monthly Campaign Report, covering the period 10/1/99 through 10/31/99 for the above-captioned filer.

Also enclosed is a second copy of the Summary Page of this report. Please endorse the second copy of the Summary Page and return it to us in the enclosed envelope provided as proof of receipt.

If you have any questions, please do not hesitate to contact us.

Kind regards,

LAW OFFICE OF RUSSELL H. MILLER

cc: California
Florida
Illinois
Indiana
Maryland
New York
Texas

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Nov 26 11 16 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Cooperative Of American Physicians Federal Action Committee	2. FEC IDENTIFICATION NUMBER C00161604
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 333 South Hope Street, 8th Floor	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Los Angeles, CA 90071	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input checked="" type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-01-99</u> through <u>10-31-99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 20,264.02
(b) Cash on Hand at Beginning of Reporting Period	\$ 21,450.68	
(c) Total Receipts (from Line 19)	\$ 16,100.00	\$ 41,585.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 37,550.68	\$ 69,849.02
7. Total Disbursements (from Line 30)	\$ (11,150.44)	\$ (43,448.78)
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,400.24	\$ 26,400.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 <p style="text-align: center;">Alfred V. Buxris, M.D.</p>	Date
Signature of Treasurer 	11-12-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Federal Action Committee	FROM 10-01-99	TO 10-31-99
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	16,100.00	41,585.00
iii. Total (add i and ii) >	16,100.00	41,585.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add ii, b and c) >	16,100.00	41,585.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16,100.00	41,585.00
20. Total Federal Receipts (subtract line 18 from line 19) >	16,100.00	41,585.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	275.44	2,974.78
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >	275.44	2,974.78
22. Transfers to Affiliated/Other Party Committees	10,875.00	40,474.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,150.44	43,448.78
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,150.44	43,448.78
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	16,100.00	41,585.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,100.00	41,585.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	275.44	2,974.78
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	275.44	2,974.78

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 01 OF 01
FOR LINE NUMBER 21B

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Law Office Of Russell H. Miller 20 Park Road, Suite E Burlingame, CA 94010	Retainer Fee, cost to prepare PAC reports. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-99	275.44
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

275.44

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 01 OF 02
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Cooperative of American Physicians-Federal Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sherman For Congress 21031 Ventura Blvd., #308 Woodland Hills, CA 91364	Brad Sherman CA-24 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-01-99	1,000.00
Hunter For Congress 9340 Puente Dr., #302 La Mesa, CA 91941-4164	Duncan Hunter CA-52 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	250.00
Dreier For Congress Committee P.O. Box 1110 Covina, CA 91722	David Dreier CA-28 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	2,000.00
Friends of Cliff Stearns 4451 Brookfield Corporate Dr., #200 Chantilly, VA 20151-1652	Cliff Stearns FL-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	500.00
Friends of Clay Shaw 4451 Brookfield Corporate Dr., #200 Chantilly, VA 20151	Clay Shaw FL-22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	500.00
Becerra For Congress P.O. Box 261060 Los Angeles, CA 90026	Xavier Becerra CA-30 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	500.00
Pelosi For Congress 44 Canal Center Plaza, #400 Alexandria, VA 22314	Nancy Pelosi CA-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	500.00
Re-Elect Brian Bilbray For Congress 3525 Del Mar Heights Road, #362 San Diego, CA 92130	Brian Bilbray CA-49 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	125.00
Christopher Cox Congressional Cmte. c/o Gary Mendoza 300 South Grand Avenue, #2900 Los Angeles, CA 90071	Christopher Cox CA-47 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	1,500.00

SUBTOTAL of Disbursements This Page (optional)

6,875.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 committees.

NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texans For Henry Bonilla 4451 Brookfield Corporate Dr., #200 Chantilly, VA 20151-1652	Henry Bonilla TX-23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	500.00
B. Full Name, Mailing Address and ZIP Code Friends OF Dick Durbin P.O. Box 75214 Washington, DC 20013-5214	Purpose of Disbursement Senate Richard Durbin IL- Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	10-05-99	500.00
C. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Purpose of Disbursement William Thomas CA-21 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-05-99	500.00
D. Full Name, Mailing Address and ZIP Code Citizens For Gilman 4451 Brookfield Corporate Dr., #200 Chantilly, VA 20151-1652	Purpose of Disbursement Benjamin Gilman NY-20 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-20-99	500.00
E. Full Name, Mailing Address and ZIP Code Hoyer For Congress Committee 7905 Malcolm Road, #102 Clinton, MD 20735	Purpose of Disbursement Steny Hoyer MD-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-20-99	500.00
F. Full Name, Mailing Address and ZIP Code Dan Burton For Congress P.O. Box 50593 Indianapolis, IN 46250	Purpose of Disbursement Dan Burton IN-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-20-99	500.00
G. Full Name, Mailing Address and ZIP Code Feinstein 2000 859 Hollywood Way, #294 Burbank, CA 91505	Purpose of Disbursement Senate Dianne Feinstein CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-28-99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	10,875.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11-19-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	11-26-99 DATE PREPARED