

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEC MAIL ROOM

2000 DEC 12 P 3:58

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Cooperative Of American Physicians Federal Action Committee	<b>2. FEC IDENTIFICATION NUMBER</b> C00161604
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 333 South Hope Street, 8th Floor	<b>3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
<b>CITY, STATE and ZIP CODE</b> 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 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 11/7/2000 in the State of CA

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-19-00</u> through <u>11-27-00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ 33,900.74	
(c) Total Receipts (from Line 10)	\$ 2,050.00	\$ 52,720.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 35,950.74	\$ 73,078.48
7. Total Disbursements (from Line 30)	\$ ( 7,056.05)	\$ (44,183.79)
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 28,894.69	\$ 28,894.69
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 (Asst.)

Brett P. LaRock

Signature of Treasurer



Date

11-30-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**FEC FORM 3X**

(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <b>Federal Action Committee</b>		REPORT COVERING PERIOD		
		FROM 10-19-00	TO 11-27-00	
		COLUMN A Total Time Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	1,000.00	20,300.00	11(a)
ii.	Unitemized	1,050.00	32,420.00	11(b)
iii.	Total (add i and ii) >	2,050.00	52,720.00	11(c)
b.	Political Party Committees			11(d)
c.	Other Political Committees (such as PACs)			11(e)
d.	Total Contributions (add a, b and c) >	2,050.00	52,720.00	11(f)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,050.00	52,720.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	2,050.00	52,720.00	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)
ii.	Non-Federal Share	606.05	5,733.79	21(b)
b.	Other Federal Operating Expenditures	606.05	5,733.79	21(c)
c.	Total Operating Expenditures (add a, i, ii, and b) >	606.05	5,733.79	21(d)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	6,450.00	38,450.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,056.05	44,183.79	30
31.	Total Federal Disbursements (subtract line 21 a, ii from line 30) >	7,056.05	44,183.79	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	2,050.00	52,720.00	32
33.	Total Contribution Refunds (from line 28d)	2,050.00	52,720.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)			34
35.	Total Federal Operating Expenditures (add 21 a, i and 21 b) >	606.05	5,733.79	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >	606.05	5,733.79	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 01 OF 01  
FOR LINE NUMBER 11(a)(i)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John E. Ingram, MD. 710 Lariat Circle Long Beach, CA 90815	John E. Ingram, MD.  Occupation Physician	10-31-00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B. Sievers, MD. 18370 Burbank Blvd., #607 Tarzana, CA 91356	David B. Sievers, MD.  Occupation Physician	10-31-00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 01 OF 01  
FOR LINE NUMBER 21B

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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
Law Office Of Russell H. Miller 20 Park Road, Ste. B 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)	11-09-00	606.05
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) .....

606.05

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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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
Draier For Congress Committee 536 Second Avenue, #B Covina, CA 91723	House David Draier CA-28 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-24-00	2,000.00
Sidney Gold For Congress Committee 20401-646 Soledad Canyon Road Canyon County, CA 91351	House Sidney Gold CA-25 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-24-00	250.00
Friends Of Janice Nelson P.O. Box 758 Sierra Madre, CA 91025-0758	House Janice Nelson CA-28 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-24-00	250.00
Congressional Leadership Fund c/o Milbank, Tweed, Hadley & McCloy 601 South Figueroa Street Los Angeles, CA 90017	House Christopher Cox CA-47 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-25-00	750.00
The Committee To Re-Elect Loretta Sanchez 604 South Harbor Blvd. Santa Ana, CA 92704	House Loretta Sanchez CA-46 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11-01-00	200.00
Hutchison For Congress 2411 Old Crow Canyon Rd., #135 San Ramon, CA 94583	House Claude Hutchison CA-10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11-01-00	1,000.00
Krykendall Congressional Committee 21311 Hawthorne Blvd., #107 Torrance, CA 90503	House Steve Krykendall CA-36 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11-03-00	500.00
Rogan For Congress c/o The Mak Group 1000 N. Central Ave., #320 Glendale, CA 91202	House James Rogan CA-27 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11-03-00	500.00
Rich Rodriguez For Congress P.O. Box 1321 Hanford, CA 93232	House Rich Rodriguez CA-20 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11-03-00	1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	6,450.00

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 (R/C) 12/07/00
<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>CF</i> PREPARER	 12/12/00 DATE PREPARED