

**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

CITY

STATE

ZIP CODE

C00161604

3. IS THIS REPORT

X

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 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)

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

in the State of

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

X General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

CA

5. Covering Period

10

14

2004

through

11

22

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

12

01

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

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

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Cooperative of American Physicians Federal Action Committee

Report Covering the Period: From: <sup>M</sup> 10 <sup>D</sup> 14 <sup>Y</sup> 2004 To: <sup>M</sup> 11 <sup>D</sup> 22 <sup>Y</sup> 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		165001.73
(b) Cash on Hand at Beginning of Reporting Period .....	175671.73	
(c) Total Receipts (from Line 19) .....	10770.00	103604.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	186641.73	268605.73
<hr/>		
7. Total Disbursements (from Line 31) .....	123040.00	205004.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	63601.73	63601.73
<hr/>		
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	

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)

Page 3

Write or Type Committee Name

Cooperative of American Physicians Federal Action Committee

Report Covering the Period: From: <sup>M</sup>10 <sup>D</sup>14 <sup>Y</sup>2004 To: <sup>M</sup>11 <sup>D</sup>22 <sup>Y</sup>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) .....	7250.00	
(ii) Unitemized .....	3520.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	10770.00	103604.00
(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) .....	10770.00	103604.00
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)) .....	10770.00	103604.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10770.00	103604.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	8500.00	85459.00
24. Independent Expenditure (use Schedule E).....	116496.00	116496.00
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.....	44.00	3049.00
(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))..... ▶	44.00	3049.00
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 ActMty (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))..	123040.00	205004.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	123040.00	205004.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	10770.00	103604.00
34. Total Contribution Refunds (from Line 28(d)) .....	44.00	3049.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10726.00	100555.00
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 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	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)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jay Bansal MD</b>		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 3554 Round Barn Blvd #2D		Transaction ID: 11(a)(i)3024
City Santa Rosa	State CA	Zip Code 95403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Jay Bansal MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Gregory Bishop, MD</b>		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address PO Box 609001		Transaction ID: 11(a)(i)3033
City San Diego	State CA	Zip Code 92160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gregory Bishop MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Chaiken, MD</b>		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 242B Santa Monica Blvd #		Transaction ID: 11(a)(i)3035
City Santa Monica	State CA	Zip Code 90404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lisa Chaiken, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

<input checked="" 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)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) <b>A. Roger Dainer, DO</b>		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 5585 W Las Positas Blvd		Transaction ID: 11(a)(i)3048
City Pleasanton	State CA	Zip Code 94588
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Roger Dainer, DO	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. David Davis, MD</b>		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 201 D1 Sw Birch St #100		Transaction ID: 11(a)(i)3016
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer David Davis, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Saba Gaffar, MD</b>		Date of Receipt M / D / Y 10 / 18 / 2004
Mailing Address 8800 Paso Robles Ave		Transaction ID: 11(a)(i)3002
City Northridge	State CA	Zip Code 91325
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Saba Gaffar, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

<input checked="" 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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Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) A. Jon Hankon, MD		Date of Receipt M / D / Y 11 / 05 / 2004
Mailing Address 1100 Irvine Blvd #521		Transaction ID: 11(a)(i)3045
City Tustin	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Jon Hankon, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Steven Herron, MD		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 1111 Las Tablas Rd #N		Transaction ID: 11(a)(i)3028
City Templeton	State CA	Zip Code 93465
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Steven Herron, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Cristal Lynch, MD		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 344D Lomita Blvd #352		Transaction ID: 11(a)(i)3032
City Torrance	State CA	Zip Code 90505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Cristal Lynch, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 18

(check only one)

<input checked="" 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)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) <b>A. Fernando Montelongo, MD</b>		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 932 E Chapman		Transaction ID: 11(a)(i)3039
City Orange	State CA	Zip Code 92866
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Fernando Montelongo, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ram Mudiyan, MD</b>		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 11100 Warner Ave #388		Transaction ID: 11(a)(i)3020
City Fountain Valley	State CA	Zip Code 92708
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ram Mudiyan, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mearl Naponic, MD</b>		Date of Receipt M / D / Y 11 / 12 / 2004
Mailing Address 8851 Center Dr #500		Transaction ID: 11(a)(i)3080
City La Mesa	State CA	Zip Code 91542
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mearl Naponic, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
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FOR LINE NUMBER: PAGE 10 / 18  
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NAME OF COMMITTEE (In Full)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) <b>A. Katherine Nguyen, MD</b>		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 202 Lewis St		Transaction ID: 11(a)(i)3058
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Katherine Nguyen, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Howard Oliver, DO</b>		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 1613 W 14th St		Transaction ID: 11(a)(i)3040
City Long Beach	State CA	Zip Code 90813
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Howard Oliver, DO	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Tye Ouzounian, MD</b>		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 582D Wilbur Ave #216		Transaction ID: 11(a)(i)3022
City Tarzana	State CA	Zip Code 91358
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Tye Ouzounian, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
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FOR LINE NUMBER: PAGE 11 / 18  
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 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) <b>A. Lawrence Palez, MD</b>		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 575 E Hardy St #215		Transaction ID: 11(a)(i)3019
City Inglewood	State CA	Zip Code 90301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lawrence Palez, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Lalita Pandit, MD</b>		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 11160 Warner Ave #417		Transaction ID: 11(a)(i)3054
City Fountain Valley	State CA	Zip Code 92709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lalita Pandit, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Rania Ramos, MD</b>		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address P.O. Box 511		Transaction ID: 11(a)(i)3021
City Upland	State CA	Zip Code 91785
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rania Ramos, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
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(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) <b>A. James Rudolf, MD</b>		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 25455 Barton Rd #212a		Transaction ID: 11(a)(i)3037
City Loma Linda	State CA	Zip Code 92354
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer James Rudolf, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Maja Ruetschi, MD</b>		Date of Receipt M / D / Y 11 / 05 / 2004
Mailing Address 73121 Fred Waring Dr Ste		Transaction ID: 11(a)(i)3044
City Palm Desert	State CA	Zip Code 92260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Maja Ruetschi, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James Spiegel, MD</b>		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 1862 Dominican Wy		Transaction ID: 11(a)(i)3049
City Santa Cruz	State CA	Zip Code 95065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer James Spiegel, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Edward Stadler, MD</b>		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address 786 Avenida Salvador		Transaction ID: 11(a)(i)3015
City	State	Zip Code
San Clemente	CA	92672
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Edward Stadler, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David Stern, MD</b>		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address 1218 Crenshaw Blvd		Transaction ID: 11(a)(i)3013
City	State	Zip Code
Torrance	CA	90501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer David Stern, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles Streit, MD</b>		Date of Receipt M / D / Y 11 / 05 / 2004
Mailing Address 301 W Bastanchury Rd #18		Transaction ID: 11(a)(i)3046
City	State	Zip Code
Fullerton	CA	92835
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Charles Streit, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts TNs Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

<input checked="" 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)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) <b>A. Kiet Tran, MD</b>		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 815 W Cesar Chavez Ave #		Transaction ID: 11(a)(i)3036
City Los Angeles	State CA	Zip Code 90012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kiet Tran, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Glenn Weissman, MD</b>		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 51 N Fifth Ave #202		Transaction ID: 11(a)(i)3023
City Arcadia	State CA	Zip Code 91006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Glenn Weissman, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William White, MD</b>		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 32326 Coast Hwy #E		Transaction ID: 11(a)(i)3050
City Laguna Beach	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer William White, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 18  
(check only one)

<input checked="" 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)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) A. Behrooz Yagobian MD		Date of Receipt M / D / Y 11 / 04 / 2004	
Mailing Address 15730 Paramount Blvd		Transaction ID: 11(a)(i)9028	
City Paramount	State CA	Zip Code 90723	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Behrooz Yagobian, MD	Occupation PHYSICIAN		
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	7250.00

**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)

PAGE 16 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
Cooperative of American Physicians Federal Action Committee

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

Mailing Address 729 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Political Contribution

Candidate Name  
Bob Matsui

Office Sought:  House  
Senate  
President

State: CA District 5

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23289  
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. Michels for Senate

Mailing Address W226 N665 Eastmond Drive, Ste 130

City Waukesha State WI Zip Code 53186

Purpose of Disbursement  
Political Contribution

Candidate Name  
Tim Michels

Office Sought: House  
 Senate  
President

State: WI District

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23289  
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Republican National Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23288  
Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

6500.00



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Cooperative of American Physicians Federal Action Committee			FEC IDENTIFICATION NUMBER <b>C</b> C00161604		
Check if <input type="checkbox"/> 24-hour notice	<input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	Amount 16500.00	
Full Name (Last, First, Middle, Initial) of Payee NMB Research, LLC			Transaction ID: SE288		
Mailing Address 128 South Royal Street # 2			Office Sought: House State: <u>AK</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> Presidential		
City Alexandria	State VA	Zip Code 22314	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Purpose of Expenditure Polling		Category/ Type	005		
Name of Federal Candidate supported or Opposed by expenditure: LISA MURKOWSKI			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought		116496.00			

Full Name (Last, First, Middle, Initial) of Payee Voter Strategies			Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4		
Mailing Address 78-710 Avenida Nuestra			Amount 99996.00		
Transaction ID: SE287			Office Sought: House State: <u>AK</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> Presidential		
City La Quinta	State CA	Zip Code 92253	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Purpose of Expenditure TV Buy and Production		Category/ Type	004		
Name of Federal Candidate supported or Opposed by expenditure: LISA MURKOWSKI			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought		99996.00			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>116496.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) <b>TOTAL</b> Independent Expenditures .....	<b>116496.00</b>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature	Date M M / D D / Y Y Y Y

**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 18 / 18

<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 checked="" 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)

Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial)

A. Unitemized refunds of contributions This Period: 10/14/-  
2004 - 11/22/2004

Mailing Address 333 S. Hope Street, 8th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Unitemized expenses

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: B28(a)11/22/2004  
Date of Disbursement

\*\*\*\*\*

Amount of Each Disbursement this Period

44.00

SUBTOTAL of Disbursements This Page (optional) ▶

44.00

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

44.00