

**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)

X 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:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2004

through

07

31

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

Brett LaRock

Signature of Treasurer

Electronically Filed by Brett LaRock

Date

08

17

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>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>07 <sup>D</sup>31 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</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 .....	179620.73	
(c) Total Receipts (from Line 19) .....	32535.00	81084.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	212155.73	246085.73
<hr/>		
7. Total Disbursements (from Line 31) .....	11000.00	44930.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	201155.73	201155.73
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

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Page 3

Write or Type Committee Name

Cooperative of American Physicians Federal Action Committee

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>07 <sup>D</sup>31 <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) .....	24225.00	
(ii) Unitemized .....	8310.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	32535.00	81084.00
(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) .....	32535.00	81084.00
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)) .....	32535.00	81084.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32535.00	81084.00

**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.....	11000.00	42125.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
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.....	0.00	2805.00
(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))..... ▶	0.00	2805.00
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))..	11000.00	44930.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11000.00	44930.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	32535.00	81084.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2805.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32535.00	78279.00
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 / 38

(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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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. ERLINDA ABCEDE, MD</b>		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 12314 CHARLWOOD ST		Transaction ID: 11(a)(i)2693
City	State	Zip Code
CERRITOS	CA	90703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ERLINDA ABCEDE, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PHILIP BARRY, MD</b>		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 210D LYNN RD #115		Transaction ID: 11(a)(i)2625
City	State	Zip Code
THOUSAND OAKS	CA	91360
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer PHILIP BARRY, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JESSICA BABA, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 705 E VIRGINIA WAY STE F		Transaction ID: 11(a)(i)2701
City	State	Zip Code
BARSTOW	CA	92311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JESSICA BABA, 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)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 38

(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. CATHERINE BEHRENS, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 1895 MOWRY AVE #103		Transaction ID: 11(a)(i)2721
City <b>FREMONT</b>	State <b>CA</b>	Zip Code <b>94538</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>CATHERINE BEHRENS, MD</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. PHILIP BIDERMAN, MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 13320 RIVERSIDE DR #222		Transaction ID: 11(a)(i)2609
City <b>SHERMAN OAKS</b>	State <b>CA</b>	Zip Code <b>91423</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>PHILIP BIDERMAN, MD</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. DANIEL BORENSTEIN, MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 151 N CANYON VIEW DR		Transaction ID: 11(a)(i)2614
City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90049</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>DANIEL BORENSTEIN, MD</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 8 / 38

(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	

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

Full Name (Last, First, Middle Initial) <b>A. MARIA S. BUHAY-MAGLUNOG,</b>		Date of Receipt M / D / Y 07 / 20 / 2004
Mailing Address 1250 S SUNSET AVE #201		Transaction ID: 11(a)(i)2745
City	State	Zip Code
WEST COVINA	CA	91790
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MARIA S. BUHAY-MAGLUNOG, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BRUCE CLEEREMANS, MD</b>		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 15825 LAGUNA CANYON RD STE 202		Transaction ID: 11(a)(i)2688
City	State	Zip Code
IRVINE	CA	92618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer BRUCE CLEEREMANS, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ROBERT COLE, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 2121 WILSHIRE BLVD #302		Transaction ID: 11(a)(i)2720
City	State	Zip Code
SANTA MONICA	CA	90403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ROBERT COLE, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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



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

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FOR LINE NUMBER: PAGE 9 / 38

(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	

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

Full Name (Last, First, Middle Initial) <b>A. DAVID DAVIDSON MD</b>		Date of Receipt M / D / Y 07 / 13 / 2004
Mailing Address 801 E ARRELLAGA #203		Transaction ID: 11(a)(i)2644
City	State	Zip Code
SANTA BARBARA	CA	93103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DAVID DAVIDSON, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. VIJAY DHAWAN, MD</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 3404 W BEVERLY BLVD		Transaction ID: 11(a)(i)2755
City	State	Zip Code
MONTEBELLO	CA	90640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer VIJAY DHAWAN, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LEON FAJERMAN, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 2780 CARDINAL RD		Transaction ID: 11(a)(i)2700
City	State	Zip Code
SAN DIEGO	CA	92123
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer LEON FAJERMAN, 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)  
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 38  
(check only one)  
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NAME OF COMMITTEE (In Full)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial) <b>A. CAROL FIRST, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 23 / 2004
Mailing Address 14257 ROBLAR PLACE		Transaction ID: 11(a)(i)2708
City	State	Zip Code
SHERMAN OAKS	CA	91423
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer CAROL FIRST, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RICHARD FISCHER, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2004
Mailing Address 2801 E CHAPMAN AVE		Transaction ID: 11(a)(i)2686
City	State	Zip Code
ORANGE	CA	92669
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer RICHARD FISCHER, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BOYD FLINDERS, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 2701 W ALAMEDA AVE #507		Transaction ID: 11(a)(i)2753
City	State	Zip Code
BURBANK	CA	91505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer BOYD FLINDERS, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
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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. FRANK FLINT, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2004
Mailing Address 860 JAMACHA ROAD #205		Transaction ID: 11(a)(i)2661
City	State	Zip Code
EL CAJON	CA	92019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer FRANK FLINT, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM FOLEY, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 12 / 2004
Mailing Address 100 E VALENCIA MESA DR #211		Transaction ID: 11(a)(i)2627
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 WILLIAM FOLEY, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. RICHARD FRIEDER, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 12 / 2004
Mailing Address 1245 16TH ST #312		Transaction ID: 11(a)(i)2632
City	State	Zip Code
SANTA MONICA	CA	90404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer RICHARD FRIEDER, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
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)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 38  
(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. UDAY GADGIL MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 315 N 3RD AVE #305		Transaction ID: 11(a)(i)2624
City COVINA	State CA	Zip Code 91723
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UDAY GADGIL MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GORDON MD</b>		Date of Receipt M / D / Y 07 / 22 / 2004
Mailing Address PO BOX 2597		Transaction ID: 11(a)(i)2697
City NEWPORT BEACH	State CA	Zip Code 92659
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MICHAEL GORDON, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES GRIMES, MD</b>		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 17400 IRVINE BLVD #F		Transaction ID: 11(a)(i)2652
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 JAMES GRIMES, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<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

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(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	

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

Full Name (Last, First, Middle Initial) <b>A. GREGORY HORNER, MD</b>		Date of Receipt M / D / Y 07 / 20 / 2004
Mailing Address 5585 W LAS POSITAS #32D		Transaction ID: 11(a)(i)2685
City PLEASANTON	State CA	Zip Code 94588
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer GREGORY HORNER, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. ANDREW SEW HOY, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 230D S FLOWER ST #201		Transaction ID: 11(a)(i)2707
City LOS ANGELES	State CA	Zip Code 90007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ANDREW SEW HOY, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT IMPROTA, MD</b>		Date of Receipt M / D / Y 07 / 06 / 2004
Mailing Address 248D PONDEROSA DR N #A-117		Transaction ID: 11(a)(i)2601
City CAMARILLO	State CA	Zip Code 93010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer ROBERT IMPROTA, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</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 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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. GEUN JAHNG, MD</b>		Date of Receipt M / D / Y 07 / 20 / 2004	
Mailing Address 8135 S PAINTER AVE #203		Transaction ID: 11(a)(i)2744	
City WHITTIER	State CA	Zip Code 90602	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GEUN JAHNG, MD	Occupation PHYSICIAN		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>B. QUINTON JAMES, MD</b>		Date of Receipt M / D / Y 07 / 14 / 2004	
Mailing Address 4102 S CLOVERDALE AVE		Transaction ID: 11(a)(i)2646	
City LOS ANGELES	State CA	Zip Code 90008	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer QUINTON JAMES, MD	Occupation PHYSICIAN		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. BERT JOHNSON, MD</b>		Date of Receipt M / D / Y 07 / 13 / 2004	
Mailing Address 17210 FAWNDALE RD		Transaction ID: 11(a)(i)2639	
City LOS GATOS	State CA	Zip Code 95030	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BERT JOHNSON, MD	Occupation PHYSICIAN		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶	<b>900.00</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 / 38  
(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. JOHN JOSEPH MD</b>		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 9400 BRIGHTON WY #203		Transaction ID: 11(a)(i)2662
City <b>BEVERLY HILLS</b>	State <b>CA</b>	Zip Code <b>90210</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>JOHN JOSEPH MD</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>B. THOMAS SINCLAIR JR. MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 74 TIDEWIND		Transaction ID: 11(a)(i)2729
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92612</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>THOMAS SINCLAIR JR. MD</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. HARBHAJAN KALSI-HANJAN. M</b>		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 908 S SUNSET AVE #105		Transaction ID: 11(a)(i)2668
City <b>WEST COVINA</b>	State <b>CA</b>	Zip Code <b>91790</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>HARBHAJAN KALSI-HANJAN, MD</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</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 16 / 38  
(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. NAJI KANDALAFI, MD</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 412 W CARROLL AVE #204		Transaction ID: 11(a)(i)2748
City GLENDORA	State CA	Zip Code 91741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer NAJI KANDALAFI, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DOLORES KENT, MD</b>		Date of Receipt M / D / Y 07 / 28 / 2004
Mailing Address 9201 SUNSET BLVD #605		Transaction ID: 11(a)(i)2736
City LOS ANGELES	State CA	Zip Code 90069
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DOLORES KENT, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SAMIA KHWAJA, MD</b>		Date of Receipt M / D / Y 07 / 26 / 2004
Mailing Address 3737 E MARTIN L KING BL #201		Transaction ID: 11(a)(i)2730
City LYNWOOD	State CA	Zip Code 90262
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SAMIA KHWAJA, 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)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 / 38  
(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. ROLF KNAPP, DO</b>		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2004
Mailing Address 14642 NEWPORT AVE #350		Transaction ID: 11(a)(i)2663
City	State	Zip Code
TUSTIN	CA	92780
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ROLF KNAPP, DO	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MARK LABOWE, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2004
Mailing Address 100 UCLA MEDICAL PLAZA #747		Transaction ID: 11(a)(i)2658
City	State	Zip Code
LOS ANGELES	CA	90095
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MARK LABOWE, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. INNA LAMPORT, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 12 / 2004
Mailing Address 1211 BRUNSWICK AVE		Transaction ID: 11(a)(i)2628
City	State	Zip Code
SOUTH PASADENA	CA	91030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer INNA LAMPORT, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary          General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>625.00</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 18 / 38  
(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. CHARLES LAWI, MD</b>		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 395B LAUREL CANYON BLVD #1		Transaction ID: 11(a)(i)2675
City	State	Zip Code
STUDIO CITY	CA	91604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CHARLES LAWI, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ROYA MAANI, MD</b>		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 18120 JAGUAR CT		Transaction ID: 11(a)(i)2683
City	State	Zip Code
TARZANA	CA	91335
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ROYA MAANI, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER MAGLUNOG, MD</b>		Date of Receipt M / D / Y 07 / 29 / 2004
Mailing Address 1250 S SUNSET AVE #201		Transaction ID: 11(a)(i)2739
City	State	Zip Code
WEST COVINA	CA	91790
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ALEXANDER MAGLUNOG, 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)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 38

(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. JAY MASSERMAN, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 8 SUNRIVER		Transaction ID: 11(a)(i)2710
City IRVINE	State CA	Zip Code 92614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JAY MASSERMAN, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. A.R. MOHAN, MD</b>		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 1818 N ORANGE GROVE #30B		Transaction ID: 11(a)(i)2649
City POMONA	State CA	Zip Code 91767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer A.R. MOHAN, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. RAM MUDIYAM, MD</b>		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 11100 WARNER AVE #388		Transaction ID: 11(a)(i)2631
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 MUDIYAM, 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 20 / 38

(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. WILLY MURTIDAJA, MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 1175 LNRUH AVE		Transaction ID: 11(a)(i)2618
City LA PUENTE	State CA	Zip Code 91744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer WILLY MURTIDAJA, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SURESH NAYAK, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 303 N 15TH ST #D		Transaction ID: 11(a)(i)2723
City SAN JOSE	State CA	Zip Code 95112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SURESH NAYAK, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID NEJAT-BINA, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 1801 W ROMNEYA DR STE #309		Transaction ID: 11(a)(i)2716
City ANAHEIM	State CA	Zip Code 92801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DAVID NEJAT-BINA, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

**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 21 / 38

(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	

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

Full Name (Last, First, Middle Initial) <b>A. JOSEPH NITTI, MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address PD BOX 8308		Transaction ID: 11(a)(i)2619
City CALABASAS	State CA	Zip Code 91372
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JOSEPH NITTI, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. NARENDRA PARSON, MD</b>		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 18531 VALLEY DR		Transaction ID: 11(a)(i)2668
City VILLA PARK	State CA	Zip Code 92861
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer NARENDRA PARSON, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MARIE PEAN, MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 14824 SHERMAN WY #4D1		Transaction ID: 11(a)(i)2621
City VAN NUYS	State CA	Zip Code 91405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MARIE PEAN, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<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 22 / 38

(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. SANDRA PETERSEN, MD</b>		Date of Receipt M / D / Y 07 / 28 / 2004
Mailing Address 2908 BRANT ST		Transaction ID: 11(a)(i)2748
City	State	Zip Code
SAN DIEGO	CA	92103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer SANDRA PETERSEN, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DIEN PHAM, MD</b>		Date of Receipt M / D / Y 07 / 28 / 2004
Mailing Address 855 E ANAHEIM ST		Transaction ID: 11(a)(i)2742
City	State	Zip Code
LONG BEACH	CA	90813
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DIEN PHAM, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARVIN RAWITCH, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 17772 IRVINE BLVD #102		Transaction ID: 11(a)(i)2699
City	State	Zip Code
TUSTIN	CA	92780
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MARVIN RAWITCH, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</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

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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

<b>A.</b> Full Name (Last, First, Middle Initial) AMER RAYYES, MD Mailing Address 28732 CROWN VALLEY PKWY #241 City State Zip Code MISSION VIEJO CA 92691 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AMER RAYYES, MD Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M / D / Y Y Y Y Y 07 / 23 / 2004 Transaction ID: 11(a)(i)2717 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) BRUCE REITMAN, MD Mailing Address 1171 S BROMLEY CT City State Zip Code ANAHEIM CA 92808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BRUCE REITMAN, MD Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y Y 07 / 23 / 2004 Transaction ID: 11(a)(i)2727 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) GEOFFREY RICE, MD Mailing Address 248 HOSPITAL DR STE B City State Zip Code UKIAH CA 95482 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer GEOFFREY RICE, MD Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M / D / Y Y Y Y Y 07 / 14 / 2004 Transaction ID: 11(a)(i)2855 Amount of Each Receipt this Period 250.00

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

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 24 / 38  
(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. THORILD ROSS, MD</b>		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 28922 DSO PKY #380		Transaction ID: 11(a)(i)2670
City MISSION VIEJO	State CA	Zip Code 92691
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer THORILD ROSS, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JAMES RUDOLF, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 25455 BARTON RD #212A		Transaction ID: 11(a)(i)2725
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 ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MAJA RUETSCHI, MD</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 73121 FRED WARING DR STE 103		Transaction ID: 11(a)(i)2752
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 ▼ 250.00
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 25 / 38  
(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. MOHNE SANDHU, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2004
Mailing Address 5631 E LAS LOMAS ST		Transaction ID: 11(a)(i)2680
City	State	Zip Code
LONG BEACH	CA	90815
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MOHNE SANDHU, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. THOMAS SATROM, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 13 / 2004
Mailing Address 647 WELLESLEY DR		Transaction ID: 11(a)(i)2642
City	State	Zip Code
CLAREMONT	CA	91711
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer THOMAS SATROM, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. UMESH SHAH, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 14 / 2004
Mailing Address 12540 10TH ST #B		Transaction ID: 11(a)(i)2650
City	State	Zip Code
CHINO	CA	91710
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UMESH SHAH, 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)  
ITEMIZED RECEIPTS**

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

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(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. PATRICK SHEEHY, MD</b>		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 1401 AVOCADO AVE #B03		Transaction ID: 11(a)(i)2629
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 PATRICK SHEEHY, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN SIMONDS, MD</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 1126 S DOUGLAS STREET		Transaction ID: 11(a)(i)2714
City SANTA ANA	State CA	Zip Code 92704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JOHN SIMONDS, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. RICHARD SMITH, MD</b>		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 1350 WEST 8TH ST #2		Transaction ID: 11(a)(i)2676
City SAN PEDRO	State CA	Zip Code 90732
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer RICHARD SMITH, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<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 27 / 38  
(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. AFRICA SQ, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2004
Mailing Address 100 E VALENCIA MESA DR #100		Transaction ID: 11(a)(i)2677
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 AFRICA SQ, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MICHELE STEWART, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004
Mailing Address 4150 REGENTS PARK ROW #250		Transaction ID: 11(a)(i)2688
City	State	Zip Code
LA JOLLA	CA	92037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MICHELE STEWART, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. GREGORY SZAL, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 19 / 2004
Mailing Address 18415 COLORADO AVE #408		Transaction ID: 11(a)(i)2682
City	State	Zip Code
PARAMOUNT	CA	90723
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer GREGORY SZAL, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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 28 / 38  
(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. RICARDO TAN, MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 521 B CEDROS AVE		Transaction ID: 11(a)(i)2615
City SHERMAN OAKS	State CA	Zip Code 91411
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer RICARDO TAN, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. NASIR TEJANI, MD</b>		Date of Receipt M / D / Y 07 / 20 / 2004
Mailing Address 3325 PALO VERDE AVE #2D4		Transaction ID: 11(a)(i)2687
City LONG BEACH	State CA	Zip Code 90808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer NASIR TEJANI, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KIET TRAN, MD</b>		Date of Receipt M / D / Y 07 / 13 / 2004
Mailing Address 815 W CESAR CHAVEZ AVE #201		Transaction ID: 11(a)(i)2638
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 ▼ 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)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:        PAGE 28 / 38  
(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. MATTHEW VO, MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 22 PALERMO WALK		Transaction ID: 11(a)(i)2611
City LONG BEACH	State CA	Zip Code 90803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MATTHEW VO, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary            General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PATRICK WADE, MD</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 1461 E CHEVY CHASE DR #101		Transaction ID: 11(a)(i)2761
City GLENDALE	State CA	Zip Code 91206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer PATRICK WADE, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary            General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ROBERT WAGMEISTER, MD</b>		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 8831 W 3RD ST #925-E		Transaction ID: 11(a)(i)2679
City LOS ANGELES	State CA	Zip Code 90048
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ROBERT WAGMEISTER, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary            General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</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

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(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. JERALD WALDMAN, MD</b>		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 28401 CROWN VALLEY PKY #101		Transaction ID: 11(a)(i)2690
City MISSION Viejo	State CA	Zip Code 92691
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer JERALD WALDMAN, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ROBERT WATTS, MD</b>		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 3001 HIGH ST #D		Transaction ID: 11(a)(i)2656
City OAKLAND	State CA	Zip Code 94619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ROBERT WATTS, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JANA WELLS, MD</b>		Date of Receipt M / D / Y 07 / 29 / 2004
Mailing Address 10149 LARRYLYN DR		Transaction ID: 11(a)(i)2740
City WHITTIER	State CA	Zip Code 90603
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JANA WELLS, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</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 31 / 38  
(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. JOSEPH WELSH MD</b>		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 525 SOUTH DR #207		Transaction ID: 11(a)(i)2692
City MOUNTAIN VIEW	State CA	Zip Code 94040
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JOSEPH WELSH, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHE WINKLE MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 12665 GARDEN GROVE BLVD #708		Transaction ID: 11(a)(i)2612
City GARDEN GROVE	State CA	Zip Code 92843
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CHRISTOPHE WINKLE, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. J. MICHAEL WORMLEY, MD</b>		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 210 S GRAND #224		Transaction ID: 11(a)(i)2616
City GLENORA	State CA	Zip Code 91741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer J. MICHAEL WORMLEY, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
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)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 32 / 38  
(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. ROBERT YUN, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 09 / 2004
Mailing Address 22353 N SUMMIT RIDGE CIR		Transaction ID: 11(a)(i)2623
City	State	Zip Code
CHATSWORTH	CA	91311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ROBERT YUN, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MOJDEH ZAFARANCHI, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 22 / 2004
Mailing Address 22110 ROSCOE BLVD #303		Transaction ID: 11(a)(i)2696
City	State	Zip Code
CANOGA PARK	CA	91304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MOJDEH ZAFARANCHI, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. RAYMOND ZARINS, MD</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 32591 AZORES RD		Transaction ID: 11(a)(i)2759
City	State	Zip Code
DANA POINT	CA	92629
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer RAYMOND ZARINS, 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) .....	<b>24225.00</b>



**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Cooperative of American Physicians Federal Action Committee

Full Name (Last, First, Middle Initial)  
A. Daniel Webster PAC

Mailing Address P.O. Box 519

City Rye State NH Zip Code 03870

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23245  
Date of Disbursement

07 / 12 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. David Vitter for U.S. Senate

Mailing Address PO Box 8175

City Metairie State LA Zip Code 70011

Purpose of Disbursement  
Political Contribution

Candidate Name  
David Vitter

Office Sought: House Senate President  
State: LA District

Disbursement For: 2004  
X Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23240  
Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. DeMint for Senate Committee

Mailing Address PO Box 12425

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Political Contribution

Candidate Name  
Jim DeMint

Office Sought: House Senate President  
State: SC District

Disbursement For: 2004  
Primary X General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23246  
Date of Disbursement

07 / 12 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

**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)

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<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.** DIRIGO PAC

Mailing Address Post Office Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23249

Date of Disbursement

07 / 22 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Chris Dodd 2004

Mailing Address 236 Massachusetts Avenue NE #209

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Political Contribution

Candidate Name

Chris Dodd

Office Sought: House Senate President  
State: CT District

Disbursement For: 2004  
X Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23250

Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Future Leaders PAC

Mailing Address 1155 21st Street, NW #300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23251

Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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. Jerry Weller for Congress

Mailing Address 2701 Black Road, #201

City State Zip Code  
Joliet IL 60435

Purpose of Disbursement  
Political Contribution

Candidate Name  
Jerry Weller

Office Sought:  House  
Senate  
President

State: IL District: 11

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23242  
Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. Ken Calvert for Congress

Mailing Address Post Office Box 20123

City State Zip Code  
Riverside CA 92516

Purpose of Disbursement  
Political Contribution

Candidate Name  
Ken Calvert

Office Sought:  House  
Senate  
President

State: CA District: 44

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23243  
Date of Disbursement

07 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Lewis for Congress Committee

Mailing Address Post Office Box 247

City State Zip Code  
Redlands CA 92373

Purpose of Disbursement  
Political Contribution

Candidate Name  
Jerry Lewis

Office Sought:  House  
Senate  
President

State: CA District: 40

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23235  
Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Cooperative of American Physicians Federal Action Committee

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

Mailing Address 704 Blueberry Hill Road

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Political Contribution

Candidate Name  
Mike Bilirakis

Office Sought:  House  
Senate  
President

State: FL District 9

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23243  
Date of Disbursement

07 / 12 / 2004

Amount of Each Disbursement this Period

500.00

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

Mailing Address PO Box 2000

City Portland State ME Zip Code 04104

Purpose of Disbursement  
Political Contribution

Candidate Name  
Olympia Snowe

Office Sought: House  
 Senate  
President

State: ME District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23236  
Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. The Sensenbrenner Committee

Mailing Address 1707 Prince Street, #7

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

Candidate Name  
Jim Sensenbrenner

Office Sought:  House  
Senate  
President

State: WI District 5

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23241  
Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Cooperative of American Physicians Federal Action Committee

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

Mailing Address PO Box 483

City State Zip Code  
Dunn Loring VA 22027

Purpose of Disbursement  
Political Contribution

Candidate Name  
Tom Davis

Office Sought:  House  
Senate  
President

State: VA District: 11

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23237  
Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. Tom DeLay Congressional Committee

Mailing Address 2300 Clarendon Blvd. #401

City State Zip Code  
Arlington VA 22201

Purpose of Disbursement  
Political Contribution

Candidate Name  
Tom DeLay

Office Sought:  House  
Senate  
President

State: TX District: 22

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23244  
Date of Disbursement

07 / 12 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
C. Voinovich for Senate

Mailing Address 1331 H Street, NW, 12th Floor

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Political Contribution

Candidate Name  
George Voinovich

Office Sought: House  
 Senate  
President

State: OH District:

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23239  
Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

**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)

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<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. Volunteers for Shimkus

Mailing Address Post Office Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Political Contribution

Candidate Name  
John Shimkus

Office Sought:  House  
Senate  
President  
State: IL District 19

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23238

Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

11000.00