

CAP ■ MPT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAY 26 3 41 PM '98

COOPERATIVE OF  
AMERICAN PHYSICIANS, INC  
MUTUAL PROTECTION TRUST

May 18, 1998

333 SOUTH HOPE STREET  
8TH FLOOR  
LOS ANGELES, CA 90071  
(213) 479-8000  
(800) 252-7708  
FAX (213) 479-8774

<http://www.cap-mpt.org>

NORTHERN CALIFORNIA  
(800) 252-7708

ORANGE COUNTY  
(714) 940-5600

SAN DIEGO  
(619) 685-3132

BOARD OF TRUSTEES  
J. Michael Wornley, MD  
Chairman

Marlene M. Coleman, MD  
Harvey E. Knoemsköld, MD  
Mazel A. Naponic, MD  
Philip Unger, MD

BOARD OF DIRECTORS  
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PROVIDING THE HIGHEST  
QUALITY, COST-EFFECTIVE  
PROFESSIONAL LIABILITY  
PROTECTION SERVICES  
FOR QUALIFIED MEMBER  
PHYSICIANS, GROUPS AND  
AFFILIATED ENTITIES

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Public Records Office  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: ID# C00161604

Gentlemen:

Please find enclosed a signed copy of completed FEC Form 3X  
for the period April 1, 1998 through April 30, 1998.

Sincerely,

CAP-Federal Action Committee



Brett P. LaRock  
Asst. Treasurer

cc: FILED BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED With  
the State of California and Maine. and New York.

BPL/emd  
Encis.

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAY 26 3 41 PM '98

USE FEC MAILING LABEL OR PRINT TYPE OR PRINT

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                            |                                       |                                      |
|--------------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20       | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20          | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20          | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04-01-98</u> through <u>04-30-98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 31,951.33
(b) Cash on Hand at Beginning of Reporting Period	\$ 38,095.85	
(c) Total Receipts (from Line 19)	\$ 1,620.00	\$ 20,990.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39,715.85	\$ 52,941.33
7. Total Disbursements (from Line 20)	\$ ( 2,194.86)	\$ (15,420.34)
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 37,520.99	\$ 37,520.99
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer (Asst.) Brett P. LaRock	Date 05-18-98
Signature of Treasurer (Asst.) 	

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

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>Federal Action Committee</b>	REPORT COVERING PERIOD FROM <b>04-01-98</b> TO: <b>04-30-98</b>	
<b>I. Receipts</b>	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	1,620.00	20,990.00
iii. Total (add i and ii) >	1,620.00	20,990.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	1,620.00	20,990.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,620.00	20,990.00
20. Total Federal Receipts (subtract line 18 from line 19) >	1,620.00	20,990.00
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	344.86	1,220.34
c. Total Operating Expenditures (add a i, a ii, and b) >	344.86	1,220.34
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,850.00	14,200.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,194.86	15,420.34
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,194.86	15,420.34
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	1,620.00	20,990.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,620.00	20,990.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	344.86	1,220.34
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	344.86	1,220.34

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians-Federal Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Law Office of Russell H. Miller 20 Park Road, Ste. E Burlingame, CA 94010	Retainer Fee & Cost To prepare PAC reports. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-14-98	344.86
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this the number only)	344.86

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 01 OF 01  
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

Cooperative of American Physicians-Federal Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Elton Gallegly Congressional Club P.O. Box 3789 Simi Valley, CA 93093	Elton Gallegly CA-21 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	04-07-98	100.00
Bill Thomas Campaign Committee P.O. Box 395 Washington, DC 20026	Bill Thomas CA-21 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	04-22-98	1,000.00
Wally Berger For Congress Committee P.O. Box 40175 Washington, DC 20016	Wally Berger CA-2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	04-22-98	500.00
Snowe For Senate P.O. Box 441 Portland, ME 04112	Olympia Snowe Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04-30-98	1,000.00
Bill Thomas Campaign Committee P.O. Box 395 Washington, DC 20026	Bill Thomas CA-21 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	04-30-98	( 500.00) <sup>1</sup>
Friends of Sherwood Boehlert 1212 Vernon Street Arlington, VA 22201	Sherwood Boehlert NY-23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	04-30-98	( 250.00) <sup>2</sup>
1. Contribution originally issued 10-2-97; never cashed; voided	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
2. Contribution originally issued 10-23-97; never cashed; voided	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)


TOTAL This Period (last page this line number only)

1,850.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 5/20/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	5/26/98 DATE PREPARED