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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

California Acupuncture Medical Association

Political Action Committee

ADDRESS (number and street)

6325 Topanga Cyn. Suite 409

(Check if address is changed)

Woodland Hills,

CA

91367

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

tfc@socal.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 / 19 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C00332999

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Dr. Ta Fang Chen

Signature of Treasurer

Date

12 / 19 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

|                 |  |  |  |  |
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

Federal Election Commission  
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*JAD*  
 PREPARER

*12/26/06*  
 DATE PREPARED

2005114033