

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 7
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Political Action Committee

A. Norma Pariewski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9911 W. Pico Blvd., #1260
 City Los Angeles State CA Zip Code 90035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norma Pariewski, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : 11AI-75609
 Amount of Each Receipt this Period
250.00

B. James Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 Superior Ave Ste 285
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James Weiss, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : 11AI-75604
 Amount of Each Receipt this Period
250.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00