

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 Political 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** C00161604
3. IS THIS REPORT 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:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 07 31 2010

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 Kirk Alan Pessner

Signature of Treasurer Electronically Filed by Kirk Alan Pessner Date 08 06 2010

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		178337.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	159163.22									
(c) Total Receipts (from Line 19)	14575.00	65391.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	173738.22	243728.22								
7. Total Disbursements (from Line 31)	0.00	69990.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	173738.22	173738.22								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	13250.00	41100.00
(ii) Unitemized	1325.00	24291.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14575.00	65391.00
(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)	14575.00	65391.00
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))	14575.00	65391.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14575.00	65391.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	37690.00
24. Independent Expenditure (use Schedule E)	0.00	32300.00
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	0.00
(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	0.00
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 Activity (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))..	0.00	69990.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	69990.00

DETAILED SUMMARY PAGE
of Disbursements

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	14575.00	65391.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14575.00	65391.00
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(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

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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Daniel Borenstein, MD

Mailing Address 151 N. Canyon View Drive

City State Zip Code
Los Angeles CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Daniel Borenstein, MD
Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 11AI-74195

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Juan Carlos Cobo, MD

Mailing Address 27071 Cabot Road #119

City State Zip Code
Laguna Hills CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer Juan Carlos Cobo, MD
Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 11AI-74198

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Bela Kenessey, MD

Mailing Address 4635 Kingswood Drive

City State Zip Code
Danville CA 94506

FEC ID number of contributing federal political committee. **C**

Name of Employer Bela Kenessey, MD
Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 11AI-74191

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 10

(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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roya Maani, MD

Mailing Address 18120 Jaguar Court

City State Zip Code
Tarzana CA 91335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Roya Maani, MD Physician

Receipt For: 2010
 Primary General
 Other (specify)
Calendar Year

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: 11AI-74200

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Carl Maguire, MD

Mailing Address 7910 Frost St Ste 200

City State Zip Code
San Diego CA 92123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl Maguire, MD Physician

Receipt For: 2010
 Primary General
 Other (specify)
Calendar Year

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 11AI-74188

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mearl Naponic, MD

Mailing Address 8851 Center Drive, #500

City State Zip Code
La Mesa CA 91942

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mearl Naponic, MD Physician

Receipt For: 2010
 Primary General
 Other (specify)
Calendar Year

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 11AI-74203

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 10
(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 Political Action Committee

A. Full Name (Last, First, Middle Initial)
Leonard Newman, MD
Mailing Address 40 El Toyonal
City Orinda State CA Zip Code 94563
FEC ID number of contributing federal political committee. **C**
Name of Employer Leonard Newman, MD Occupation Physician
Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date 250.00
Date of Receipt 07 / 30 / 2010
Transaction ID: 11AI-74196
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Othella Owens, MD
Mailing Address 1127 Wilshire Blvd., #1604
City Los Angeles State CA Zip Code 90017
FEC ID number of contributing federal political committee. **C**
Name of Employer Othella Owens, MD Occupation Physician
Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date 1000.00
Date of Receipt 07 / 22 / 2010
Transaction ID: 11AI-74207
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Graham Purcell, MD
Mailing Address 3600 Wrightwood Drive
City Studio City State CA Zip Code 91604
FEC ID number of contributing federal political committee. **C**
Name of Employer Graham Purcell, MD Occupation Physician
Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date 1000.00
Date of Receipt 07 / 22 / 2010
Transaction ID: 11AI-74186
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 9 / 10
(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 Political Action Committee

A. Full Name (Last, First, Middle Initial)
Laurie Reynard, MD

Mailing Address 2021 Santa Monica Blvd., #730

City State Zip Code
Santa Monica CA 90404

FEC ID number of contributing federal political committee. **C**

Name of Employer Laurie Reynard, MD Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
1250.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 11AI-74185

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
David Sievers, MD

Mailing Address 18370 Burbank Blvd., #607

City State Zip Code
Tarzana CA 91356

FEC ID number of contributing federal political committee. **C**

Name of Employer David Sievers, MD Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 11AI-74199

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Bruce Weimer, MD

Mailing Address 412 W. Carroll Ave., #203

City State Zip Code
Glendora CA 91741

FEC ID number of contributing federal political committee. **C**

Name of Employer Bruce Weimer, MD Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 11AI-74192

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 10
(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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)
J. Michael Wormley, MD

Mailing Address 210 S Grand STE 214

City State Zip Code
Glendora CA 91740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J. Michael Wormley, MD Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 11AI-74204

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Tzuying Tammy Wu, MD

Mailing Address 2909 Hillglen Ave.

City State Zip Code
Modesto CA 95355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tzuying Tammy Wu, MD Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 11AI-74201

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	13250.00