

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		112865.22
(b) Cash on Hand at Beginning of Reporting Period.....	116825.22	
(c) Total Receipts (from Line 19)	10600.00	36410.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	127425.22	149275.22
7. Total Disbursements (from Line 31).....	5000.00	26850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	122425.22	122425.22
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	7200.00	16700.00
(ii) Unitemized	3400.00	19710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10600.00	36410.00
(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)	10600.00	36410.00
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 Transfers (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))..... ▶	10600.00	36410.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10600.00	36410.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	5000.00	26750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	100.00
(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	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	5000.00	26850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	26850.00

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)	10600.00	36410.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10600.00	36310.00
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: (check only one)	PAGE 6 OF 16
	<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	

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. Bruce Burton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Rippling Stream
 City Irvine State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bruce Burton, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2012
Transaction ID : 11AI-75510
 Amount of Each Receipt this Period
250.00

B. Jill Byers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Superior Ave Suite 110
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jill Byers, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : 11AI-75553
 Amount of Each Receipt this Period
250.00

C. Zosima Carino-Gateb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 81833 Doctor Carreon Blvd, #6
 City Indio State CA Zip Code 92201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Zosima Carino-Gateb, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2012
Transaction ID : 11AI-75529
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16
(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. Sooho Cho MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 Wilshire Place #310
 City Los Angeles State CA Zip Code 90005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sooho Cho, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : 11AI-75535
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 350.00

B. Gary Dosik
 Full Name (Last, First, Middle Initial)
 Mailing Address 17646 Vincennes St
 City Northridge State CA Zip Code 91325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gary Dosik, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2012
Transaction ID : 11AI-75533
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Elliott Fankuchen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3517
 City Laguna Hills State CA Zip Code 92654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elliott Fankuchen, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2012
Transaction ID : 11AI-75532
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16
(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. Bernard Feldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 E. 16th St., #3
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bernard Feldman, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : 11AI-75545
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 350.00

B. Michael Gordon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Corporate Plaza Drive
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michael Gordon, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : 11AI-75537
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Felicitas Halili MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6943 Roundup Way
 City Orange State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Felicitas Halili, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : 11AI-75546
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45848 Palmetto Way
 City Temecula State CA Zip Code 92592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richard Harris, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2012
Transaction ID : 11AI-75559
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Tony Hsu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18800 Main St Ste 108
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tony Hsu, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : 11AI-75562
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Louis Lesko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2645 Ocean Ave Ste 301
 City San Francisco State CA Zip Code 94132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louis Lesko, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : 11AI-75514
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 16
(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. Amir Moradi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2023 W. Vista Way #F
 City Vista State CA Zip Code 92083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amir Moradi, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : 11AI-75527
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Mearl Naponic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8851 Center Drive, #500
 City La Mesa State CA Zip Code 91942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mearl Naponic, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : 11AI-75534
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Jack Nichols MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1230 East St. Suite A
 City Redding State CA Zip Code 96001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jack Nichols, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : 11AI-75539
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16
	<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. Jiun-Rong Peng MD
Full Name (Last, First, Middle Initial)
Mailing Address 280 S. Main St., #200

City Orange	State CA	Zip Code 92868
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jiun-Rong Peng, MD	Occupation Physician
----------------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

Transaction ID : 11AI-75554

Amount of Each Receipt this Period

250.00

B. Kevin Rainsford MD
Full Name (Last, First, Middle Initial)
Mailing Address 19958 Indian Tom Dr.

City Cottonwood	State CA	Zip Code 96022
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kevin Rainsford, MD	Occupation Physician
-----------------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2012

Transaction ID : 11AI-75506

Amount of Each Receipt this Period

250.00

C. Wendy Rosenstein MD
Full Name (Last, First, Middle Initial)
Mailing Address 10444 Santa Monica Blvd Ste 30

City Los Angeles	State CA	Zip Code 90025
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wendy Rosenstein, MD	Occupation Physician
------------------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Transaction ID : 11AI-75517

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....	600.00
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: (check only one)	PAGE 12 OF 16
	<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. Wendy Rosenstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10444 Santa Monica Blvd Ste 30
 City Los Angeles State CA Zip Code 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wendy Rosenstein, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : 11AI-75551
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 300.00

B. Horst Rudrich DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Channing St.
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horst Rudrich, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : 11AI-75540
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Richard Santore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7910 Frost St Ste 200
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richard Santore, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : 11AI-75507
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00
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 13 OF 16
(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

Full Name (Last, First, Middle Initial)
A. Perry Secor MD
 Mailing Address 3771 Katella Ave, #209
 City Los Alamitos State CA Zip Code 90720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Perry Secor, 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
 05 / 03 / 2012
Transaction ID : 11AI-75544
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. James Strebig MD
 Mailing Address 4050 Barranca Pkwy., #250
 City Irvine State CA Zip Code 92604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James Strebig, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : 11AI-75563
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Steven Tradonsky MD
 Mailing Address 7485 Mission Valley Road, Ste
 City San Diego State CA Zip Code 92108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Steven Tradonsky, 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
 05 / 03 / 2012
Transaction ID : 11AI-75542
 Amount of Each Receipt this Period
 250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 14 OF 16
<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"/>	<input type="checkbox"/> 17

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

A. Robert Wagmeister MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Santa Monica Blvd., #690W
 City Santa Monica State CA Zip Code 90404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert Wagmeister, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : 11AI-75531
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 350.00

B.
 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) ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Aggregate Year-to-Date ▼

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) ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	7200.00

**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)

<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

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

Full Name (Last, First, Middle Initial)

A. Friends of John Barrasso

Mailing Address PO Box 7272

City Alexandria State VA Zip Code 22307

Purpose of Disbursement
Political Contribution

011

Candidate Name

John Barrasso

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	2

Transaction ID : 23-662

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Team Graham Inc

Mailing Address PO Box 1801

City Columbia State SC Zip Code 29202

Purpose of Disbursement
Political Contribution

011

Candidate Name

Lindsey Graham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	2

Transaction ID : 23-664

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Janice Hahn for Congress

Mailing Address 2513 Pacific Coast Hwy

City Torrance State CA Zip Code 90717

Purpose of Disbursement
Political Contribution

011

Candidate Name

Janice Hahn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	2

Transaction ID : 23-666

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	7	5	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

