

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Cooperative of American Physicians Federal Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End 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 through

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 Kirk Alan Pessner [Electronically Filed] Date

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									FEC FORM 3X Rev. 12/2004
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**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.....	122425.22	
(c) Total Receipts (from Line 19)	5125.00	41535.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	127550.22	154400.22
7. Total Disbursements (from Line 31).....	6000.00	32850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	121550.22	121550.22
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

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).....	2800.00	19500.00
(ii) Unitemized	2325.00	22035.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5125.00	41535.00
(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)	5125.00	41535.00
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))..... ▶	5125.00	41535.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5125.00	41535.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	6000.00	32750.00
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)) ..	6000.00	32850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	32850.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	5125.00	41535.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5125.00	41435.00
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 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Neil Klein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11480 Brookshire Ave Ste 306
 City Downey State CA Zip Code 90241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neil Klein, 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
 06 / 20 / 2012
Transaction ID : 11AI-75566
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

B. Mark Labowe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 UCLA Medical Plaza, #747
 City Los Angeles State CA Zip Code 90024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mark Labowe, 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
 06 / 01 / 2012
Transaction ID : 11AI-75579
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 350.00

C. Ari Marshall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21735 Laurelrim Dr Unit C
 City Diamond Bar State CA Zip Code 91765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ari Marshall, 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
 06 / 20 / 2012
Transaction ID : 11AI-75571
 Amount of Each Receipt this Period
 50.00
 Aggregate Year-to-Date ▼
 210.00

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 7 OF 10
	<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. James Meaglia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25200 La Paz Rd Ste 200
 City Laguna Hills State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James Meaglia, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : 11AI-75565
 Amount of Each Receipt this Period
200.00

B. Ram Mudiya MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11100 Warner Ave., #368
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ram Mudiya, 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
 06 / 06 / 2012
Transaction ID : 11AI-75582
 Amount of Each Receipt this Period
250.00

C. Brian Novack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 N. Camden Ave., #1010
 City Beverly Hills State CA Zip Code 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brian Novack, 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
 06 / 01 / 2012
Transaction ID : 11AI-75588
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	700.00
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 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. Arturo Quintanilla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14901 Rinaldi St., #201
 City Mission Hills State CA Zip Code 91345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arturo Quintanilla, 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
 06 / 05 / 2012
Transaction ID : 11AI-75575
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Ralph Riffenburgh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Congress St., #340
 City Pasadena State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ralph Riffenburgh, 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
 06 / 20 / 2012
Transaction ID : 11AI-75568
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Lee Sadjia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2730 Wilshire Blvd., #325
 City Santa Monica State CA Zip Code 90403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lee Sadjia, 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
 06 / 19 / 2012
Transaction ID : 11AI-75572
 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 10
	<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	<input type="checkbox"/> 17

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

A. Cyrus Shahriary
Full Name (Last, First, Middle Initial)
Mailing Address 2801 Atlantic
City Long Beach State CA Zip Code 90806
FEC ID number of contributing federal political committee. **C**
Name of Employer Cyrus Shahriary, 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
06 / 01 / 2012
Transaction ID : 11AI-75586
Amount of Each Receipt this Period
250.00

B. Bahnam Thomas MD
Full Name (Last, First, Middle Initial)
Mailing Address 3431 Lake Shore Ave
City Fallbrook State CA Zip Code 92028
FEC ID number of contributing federal political committee. **C**
Name of Employer Bahnam Thomas, 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
06 / 20 / 2012
Transaction ID : 11AI-75573
Amount of Each Receipt this Period
250.00

C. Anni Yue MD
Full Name (Last, First, Middle Initial)
Mailing Address 20405 Covina Hills Road, E
City Covina State CA Zip Code 91724
FEC ID number of contributing federal political committee. **C**
Name of Employer Anni Yue, 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
06 / 20 / 2012
Transaction ID : 11AI-75577
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).....▶	2800.00

**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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda Lingle Senate Committee

Mailing Address PO Box 7272

City Alexandria State VA Zip Code 22307

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Linda Lingle

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : 23-670

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address 4900 California Ave, #105B

City Bakersfield State CA Zip Code 93309

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	2

Transaction ID : 23-669

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. Romney for President, Inc.

Mailing Address 11150 Santa Monica Blvd # 450

City Los Angeles State CA Zip Code 90025

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Mitt Romney

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	2

Transaction ID : 23-668

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
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