

**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="2013"/>		102525.22
(b) Cash on Hand at Beginning of Reporting Period.....	82976.22	
(c) Total Receipts (from Line 19)	9550.00	26001.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92526.22	128526.22
7. Total Disbursements (from Line 31).....	3000.00	39000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	89526.22	89526.22
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).....	6500.00	7000.00
(ii) Unitemized	3050.00	19001.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9550.00	26001.00
(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)	9550.00	26001.00
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))..... ▶	9550.00	26001.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9550.00	26001.00

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.....	3000.00	39000.00
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	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) 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)) ..	3000.00	39000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	39000.00

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)	9550.00	26001.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9550.00	26001.00
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 14
	<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

Full Name (Last, First, Middle Initial)
A. Martin Alpert MD

Mailing Address 1304 15th St., #202

City State Zip Code
Santa Monica CA 90404

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

Name of Employer Occupation
Martin Alpert, MD Physician

Receipt For: 2013
 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 / 24 / 2013

Transaction ID : 11AI-76145

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dennis Chan MD

Mailing Address 500 N. Garfield Ave Ste 107

City State Zip Code
Monterey Park CA 91754

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

Name of Employer Occupation
Dennis Chan, MD Physician

Receipt For: 2013
 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 / 23 / 2013

Transaction ID : 11AI-76137

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Richard Claveria MD

Mailing Address 30251 Via Festivo

City State Zip Code
San Juan Capistrano CA 92675

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

Name of Employer Occupation
Richard Claveria, MD Physician

Receipt For: 2013
 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 / 16 / 2013

Transaction ID : 11AI-76156

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 14
(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. Elliott Fankuchen MD

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: 2013
 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 / 23 / 2013

Transaction ID : 11AI-76152

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Tony Feuerman MD

Mailing Address 16133 Ventura Blvd., #1105

City Encino State CA Zip Code 91436

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

Name of Employer Tony Feuerman, MD Occupation Physician

Receipt For: 2013
 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 / 20 / 2013

Transaction ID : 11AI-76187

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Jeremy Grosser MD

Mailing Address 24306 Abbeywood Drive

City West Hills State CA Zip Code 91307

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

Name of Employer Jeremy Grosser, MD Occupation Physician

Receipt For: 2013
 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 / 16 / 2013

Transaction ID : 11AI-76189

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 8 OF 14
	<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. David Heskiaoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5170 Sepulveda Blvd., #100
 City Sherman Oaks State CA Zip Code 91403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David Heskiaoff, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 11AI-76147
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Gail Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333 Ocean Avenue
 City Santa Monica State CA Zip Code 90401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gail Jackson, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : 11AI-76157
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Hassan Kafri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7530 Mar Ave
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hassan Kafri, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2013
Transaction ID : 11AI-76151
 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 9 OF 14
	<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. L Joel Kessler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 Santa Monica Blvd Ste 240
 City Santa Monica State CA Zip Code 90404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer L Joel Kessler, MD Occupation Physician
 Receipt For: 2013
 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 / 16 / 2013
Transaction ID : 11AI-76185
 Amount of Each Receipt this Period
250.00

B. Kent Marangi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26401 Crown Valley Pky #101
 City Mission Viejo State CA Zip Code 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kent Marangi, MD Occupation Physician
 Receipt For: 2013
 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 / 24 / 2013
Transaction ID : 11AI-76177
 Amount of Each Receipt this Period
250.00

C. Michael McDaniel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 Hotel Circle N. #614
 City San Diego State CA Zip Code 92108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michael McDaniel, MD Occupation Physician
 Receipt For: 2013
 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 / 20 / 2013
Transaction ID : 11AI-76162
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....	550.00
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 10 OF 14
	<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. Raffi-Jean Mesrobian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 W Alameda Ave Ste 307
 City Burbank State CA Zip Code 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Raffi-Jean Mesrobian, MD Occupation: Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **350.00**

Date of Receipt: **05 / 23 / 2013**
Transaction ID : 11AI-76175
 Amount of Each Receipt this Period: **250.00**

B. Samuel Zev Nathan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2037
 City Santa Barbara State CA Zip Code 93120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Samuel Zev Nathan, MD Occupation: Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **250.00**

Date of Receipt: **05 / 24 / 2013**
Transaction ID : 11AI-76183
 Amount of Each Receipt this Period: **250.00**

C. Suresh Nayak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Jose Figueres Ave Ste 305
 City San Jose State CA Zip Code 95116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Suresh Nayak, MD Occupation: Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **350.00**

Date of Receipt: **05 / 16 / 2013**
Transaction ID : 11AI-76182
 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 11 OF 14
(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. Amer Rayyes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2032 Burnt Mill Road
 City Tustin State CA Zip Code 92782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amer Rayyes, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 11AI-76174
 Amount of Each Receipt this Period
 200.00
 Aggregate Year-to-Date ▼
 300.00

B. Madison Richardson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8500 Wilshire Blvd., #908
 City Beverly Hills State CA Zip Code 90211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madison Richardson, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 11AI-76149
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Franklin Rumore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 Samaritan Drive, #603
 City San Jose State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Rumore, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : 11AI-76155
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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 12 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. 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: 2013
 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 / 24 / 2013

Transaction ID : 11AI-76138

Amount of Each Receipt this Period
 250.00

B. Joan Saperstein MD
Full Name (Last, First, Middle Initial)

Mailing Address 10271 Monte Mar Drive

City Los Angeles State CA Zip Code 90064

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

Name of Employer Joan Saperstein, MD Occupation Physician

Receipt For: 2013
 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 / 20 / 2013

Transaction ID : 11AI-76141

Amount of Each Receipt this Period
 250.00

C. Thomas Satrom MD
Full Name (Last, First, Middle Initial)

Mailing Address 647 Wellesley Drive

City Claremont State CA Zip Code 91711

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

Name of Employer Thomas Satrom, MD Occupation Physician

Receipt For: 2013
 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 / 23 / 2013

Transaction ID : 11AI-76176

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 13 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Mohamad Shaheedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 Balboa Blvd., #210
 City Encino State CA Zip Code 91316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mohamad Shaheedy, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : 11AI-76188
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Benjamin Shwachman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4157
 City Covina State CA Zip Code 91723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benjamin Shwachman, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 11AI-76159
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 500.00

C. Patrick Wade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 E. Broadway #100
 City Glendale State CA Zip Code 91205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Patrick Wade, MD Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 11AI-76161
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	6500.00

**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. Pat Roberts for US Senate

Mailing Address 515 So. Flower St. #3664

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : 23-727

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3000.00

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

3000.00