

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 IE Committee

ADDRESS (number and street) 333 S Hope St 8th Floor Los Angeles CA 90071 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00492116 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 28 2011 through 06 30 2011

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 Pessner

Signature of Treasurer Electronically Filed by Kirk Pessner Date 07 13 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Cooperative of American Physicians IE Committee

Report Covering the Period: From:

M	M
0	4

D	D
2	8

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		0.00
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	1054379.62									
(c) Total Receipts (from Line 19)	3776.49	1204191.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1058156.11	1204191.65								
7. Total Disbursements (from Line 31)	114488.12	260523.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	943667.99	943667.99								
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 IE Committee

Report Covering the Period: From:

M	M
0	4

D	D
2	8

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	3776.49	1204191.65
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3776.49	1204191.65
(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)	3776.49	1204191.65
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))	3776.49	1204191.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3776.49	1204191.65

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.....	58266.12	146109.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	58266.12	146109.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	51092.00	102184.00
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.....	5130.00	12230.00
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))..	114488.12	260523.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	114488.12	260523.66

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)	3776.49	1204191.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3776.49	1204191.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	58266.12	146109.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	58266.12	146109.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(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 IE Committee

A.

Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2011
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼
1204191.65

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: 11AI-8

Amount of Each Receipt this Period
551.00

In-Kind: Legal & Acctg Services

B.

Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2011
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼
1204191.65

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: 11AI-11

Amount of Each Receipt this Period
1079.49

In-Kind: Time of 2 Employees

C.

Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2011
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼
1204191.65

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 11AI-9

Amount of Each Receipt this Period
1251.00

In-Kind: Legal & Acctg Services

SUBTOTAL of Receipts This Page (optional) 2881.49

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 / 15	
	(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 IE Committee

A.

Full Name (Last, First, Middle Initial) Cooperative of American Physicians		Date of Receipt
Mailing Address 333 S Hope St 8th Floor		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
City	State	Zip Code
Los Angeles	CA	90071
FEC ID number of contributing federal political committee.		Transaction ID: 11AI-10
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="895.00"/>
Name of Employer	Occupation	In-Kind: Legal & Acctg Services
Receipt For: 2011	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1204191.65"/>	
<input checked="" type="checkbox"/> Other (specify) Calendar Year ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="895.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3776.49"/>

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 IE Committee

A.

Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Transaction ID: 21B-8-N

Date of Disbursement

Mailing Address 333 S Hope St 8th Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

City State Zip Code
Los Angeles CA 90071

Amount of Each Disbursement this Period

551.00

Purpose of Disbursement
In-Kind: Legal & Acctg Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Transaction ID: 21B-11-N

Date of Disbursement

Mailing Address 333 S Hope St 8th Floor

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

City State Zip Code
Los Angeles CA 90071

Amount of Each Disbursement this Period

1079.49

Purpose of Disbursement
In-Kind: Time of 2 Employees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Transaction ID: 21B-9-N

Date of Disbursement

Mailing Address 333 S Hope St 8th Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

City State Zip Code
Los Angeles CA 90071

Amount of Each Disbursement this Period

1251.00

Purpose of Disbursement
In-Kind: Legal & Acctg Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2881.49

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

--

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 IE Committee

A.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians	Transaction ID: 21B-10-N Date of Disbursement
	Mailing Address 333 S Hope St 8th Floor	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind: Legal & Acctg Services	<input type="text" value="895.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Craig Brown Governmental Relations	Transaction ID: 21B-24 Date of Disbursement
	Mailing Address 1121 L Street, #103	<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Consultant: CA Public Policy	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Craig Brown Governmental Relations	Transaction ID: 21B-26 Date of Disbursement
	Mailing Address 1121 L Street, #103	<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Consultant: CA Public Policy	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10895.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 IE Committee

A.

Full Name (Last, First, Middle Initial)
Craig Brown Governmental Relations

Transaction ID: 21B-35

Mailing Address 1121 L Street, #103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	1

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Consultant: CA Public Policy

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Global Strategy Group LLC

Transaction ID: 21B-20

Mailing Address 895 Broadway, 5th Floor

Date of Disbursement

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

City New York State NY Zip Code 10003

Amount of Each Disbursement this Period

21500.00

Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Holland & Knight LLP

Transaction ID: 21B-22

Mailing Address Post Office Box 864084

Date of Disbursement

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

City Orlando State FL Zip Code 32886

Amount of Each Disbursement this Period

5043.04

Purpose of Disbursement
Consultant: Federal Public Policy

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

31543.04

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

--

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 IE Committee

A.	Full Name (Last, First, Middle Initial) Holland & Knight LLP	Transaction ID: 21B-31 Date of Disbursement																			
	Mailing Address Post Office Box 864084	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	1	1												
	City Orlando State FL Zip Code 32886	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consultant: Federal Public Policy	<table border="1"><tr><td>5188.28</td></tr></table>	5188.28																		
5188.28																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Holland & Knight LLP	Transaction ID: 21B-32 Date of Disbursement																			
	Mailing Address Post Office Box 864084	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	1	1												
	City Orlando State FL Zip Code 32886	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consultant: Federal Public Policy	<table border="1"><tr><td>5306.78</td></tr></table>	5306.78																		
5306.78																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) A. Peter Kezirian	Transaction ID: 21B-25 Date of Disbursement																			
	Mailing Address 333 South Hope Street, 8th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	1												
	City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Event Expense	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>10795.06</td></tr></table>	10795.06
10795.06		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 IE Committee

A.	Full Name (Last, First, Middle Initial) A. Peter Kezirian	Transaction ID: 21B-27 Date of Disbursement 06 / 06 / 2011
	Mailing Address 333 South Hope Street, 8th Floor	Amount of Each Disbursement this Period 1151.53
	City Los Angeles State CA Zip Code 90071	
	Purpose of Disbursement Airfare, lodging, transportation, meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Venetian Hotel	Transaction ID: 21B-28-S Date of Disbursement 06 / 06 / 2011
	Mailing Address 3355 Las Vegas Blvd. So.	Amount of Each Disbursement this Period 399.15
	City Las Vegas State CA Zip Code 89109	
	Purpose of Disbursement Lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
SUBVENDOR to A. Peter Kezirian

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21B-29-S Date of Disbursement 06 / 16 / 2011
	Mailing Address 2702 Love Field Dr	Amount of Each Disbursement this Period 375.40
	City Dallas State TX Zip Code 75235	
	Purpose of Disbursement Airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
SUBVENDOR to A. Peter Kezirian

SUBTOTAL of Disbursements This Page (optional)	1151.53
TOTAL This Period (last page this line number only)	

**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)

PAGE 13 / 15

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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 IE Committee

A.

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

Transaction ID: 21B-34
Date of Disbursement

Mailing Address 18370 Burbank Blvd. #607

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

City State Zip Code
Tarzana CA 91356

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Membership Organization Dues

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

58266.12

**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 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 checked="" 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 IE Committee

<p>A. Full Name (Last, First, Middle Initial) A. Peter Kezirian</p> <p>Mailing Address 333 South Hope Street, 8th Floor</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Civic Organization Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: 29-30</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="130.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Physician Insurers Assn of America (PIAA)</p> <p>Mailing Address 2275 Research Blvd., #250</p> <p>City Rockville State MD Zip Code 20850</p> <p>Purpose of Disbursement Association Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: 29-33</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="5000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee	FEC IDENTIFICATION NUMBER C C00492116
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Kennedy Communications, Inc.

Mailing Address
1730 M Street, NW Suite 1010

City State Zip Code
Washington DC 20036

Purpose of Expenditure Category/Type
Mailing 011

Name of Federal Candidate supported or Opposed by expenditure:
Janice Hahn

Calendar Year-To-Date Per Election for Office Sought
102184.00

Date
MM / DD / YYYY
05 / 02 / 2011

Amount
25546.00

Transaction ID: E-21

Office Sought: House State: CA
 Senate District: 36
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify): Special
2011

Full Name (Last, First, Middle, Initial) of Payee
Kennedy Communications, Inc.

Mailing Address
1730 M Street, NW Suite 1010

City State Zip Code
Washington DC 20036

Purpose of Expenditure Category/Type
Mailing 011

Name of Federal Candidate supported or Opposed by expenditure:
Janice Hahn

Calendar Year-To-Date Per Election for Office Sought
102184.00

Date
MM / DD / YYYY
05 / 09 / 2011

Amount
25546.00

Transaction ID: E-23

Office Sought: House State: CA
 Senate District: 36
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify): Special
2011

(a) SUBTOTAL of Itemized Independent Expenditures	51092.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	51092.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kirk Pessner
Signature

Date
MM / DD / YYYY
06 / 30 / 2011