

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Cooperative of American Physicians Federal Political Action Committee

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

2. FEC IDENTIFICATION NUMBER C00161604 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, 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 PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 12 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kirk Alan Pessner

Signature of Treasurer Electronically Filed by Kirk Alan Pessner Date 01 18 2010

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		73694.47
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	153792.22									
(c) Total Receipts (from Line 19)	25545.00	143442.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	179337.22	217137.22								
7. Total Disbursements (from Line 31)	1000.00	38800.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	178337.22	178337.22								
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:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	2900.00	72268.75
(ii) Unitemized	22645.00	71174.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25545.00	143442.75
(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)	25545.00	143442.75
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))	25545.00	143442.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25545.00	143442.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	38700.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	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) 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))..	1000.00	38800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	38800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	25545.00	143442.75
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25545.00	143342.75
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 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) David Bender, MD		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
	Mailing Address 10921 Wilshire Blvd., #602		Transaction ID: 11AI-73721
	City Los Angeles	State CA	Zip Code 90024
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer David Bender, MD	Occupation Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Aggregate Year-to-Date 300.00	

B.	Full Name (Last, First, Middle Initial) Rose Codini, MD		Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 24411 Health Center Drive, #43		Transaction ID: 11AI-73743
	City Laguna Hills	State CA	Zip Code 92653
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Rose Codini, MD	Occupation Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Aggregate Year-to-Date 2100.00	

C.	Full Name (Last, First, Middle Initial) Seifolah Esfandiari, MD		Date of Receipt MM / DD / YYYY 12 / 17 / 2009
	Mailing Address 999 N. Tustin Ave., #111		Transaction ID: 11AI-73676
	City Santa Ana	State CA	Zip Code 92705
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Seifolah Esfandiari, MD	Occupation Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Aggregate Year-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)

300.00

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 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Boyd Flinders, MD

Mailing Address 2701 W. Alameda Ave., #507

City State Zip Code
Burbank CA 91505

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

Name of Employer Occupation
Boyd Flinders, MD Physician

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

Aggregate Year-to-Date
700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 11AI-73632

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Shobhana Gandhi, MD

Mailing Address 1300 N Vermont Ave

City State Zip Code
Los Angeles CA 90027

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

Name of Employer Occupation
Shobhana Gandhi, MD Physician

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

Aggregate Year-to-Date
350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 11AI-73817

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Daniel Gardner, MD

Mailing Address 13725 Mar Scenic Drive

City State Zip Code
Del Mar CA 92014

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

Name of Employer Occupation
Daniel Gardner, MD Physician

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

Aggregate Year-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 11AI-73659

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brian Jacks, MD
 Mailing Address 462 N. Linden Drive, #441
 City State Zip Code
 Beverly Hills CA 90212
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: 11AI-73799
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brian Jacks, MD Physician
 Receipt For: 2010
 Primary General
 Other (specify) **▼**
 Calendar Year
 Aggregate Year-to-Date **▼**
 450.00

B. Full Name (Last, First, Middle Initial)
William Kim, MD
 Mailing Address 4201 Torrance Blvd Ste 190
 City State Zip Code
 Torrance CA 90503
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 1 / 2 0 0 9
Transaction ID: 11AI-73678
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 William Kim, MD Physician
 Receipt For: 2010
 Primary General
 Other (specify) **▼**
 Calendar Year
 Aggregate Year-to-Date **▼**
 1000.00

C. Full Name (Last, First, Middle Initial)
Calvin Lee, MD
 Mailing Address 2909 Hillglen Ave.
 City State Zip Code
 Modesto CA 95355
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 1 / 2 0 0 9
Transaction ID: 11AI-73641
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Calvin Lee, MD Physician
 Receipt For: 2010
 Primary General
 Other (specify) **▼**
 Calendar Year
 Aggregate Year-to-Date **▼**
 350.00

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 9 / 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Alan Marco, MD

Mailing Address 5007 Roma Court

City State Zip Code
Marina Del Rey CA 90292

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

Name of Employer Alan Marco, MD Occupation Physician

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

Aggregate Year-to-Date **350.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: 11A1-73744

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Leonard Newman, MD

Mailing Address 40 El Toyonal

City State Zip Code
Orinda CA 94563

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

Name of Employer Leonard Newman, MD Occupation Physician

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

Aggregate Year-to-Date **700.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 11A1-73762

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dien Pham, MD

Mailing Address 855 E. Anaheim St.

City State Zip Code
Long Beach CA 90813

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

Name of Employer Dien Pham, MD Occupation Physician

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

Aggregate Year-to-Date **450.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: 11A1-73791

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **300.00**

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 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Nasrollah Rashidi, MD	Date of Receipt MM / DD / YYYY 12 / 17 / 2009
	Mailing Address 500 Esplanade Drive, #1520	Transaction ID: 11AI-73797
	City State Zip Code Oxnard CA 93036	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nasrollah Rashidi, MD Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 350.00	

B.	Full Name (Last, First, Middle Initial) Laurie Reynard, MD	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 2021 Santa Monica Blvd., #730	Transaction ID: 11AI-73618
	City State Zip Code Santa Monica CA 90404	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Laurie Reynard, MD Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 1100.00	

C.	Full Name (Last, First, Middle Initial) Lee Sadjja, MD	Date of Receipt MM / DD / YYYY 12 / 16 / 2009
	Mailing Address 2730 Wilshire Blvd., #325	Transaction ID: 11AI-73805
	City State Zip Code Santa Monica CA 90403	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lee Sadjja, MD Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ned Sasaki, MD

Mailing Address 2808 Via Anacapa

City State Zip Code
Palos Verdes Estat CA 90274

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

Name of Employer Occupation
Ned Sasaki, MD Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **350.00**

Date of Receipt

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

Transaction ID: 11AI-73726

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 647 Wellesley Drive

City State Zip Code
Claremont CA 91711

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

Name of Employer Occupation
Thomas Satrom, MD Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **600.00**

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 11AI-73686

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Ernest Schreiber, MD

Mailing Address 856 Eighth St.

City State Zip Code
Manhattan Beach CA 90266

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

Name of Employer Occupation
Ernest Schreiber, MD Physician

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **350.00**

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 11AI-73694

Amount of Each Receipt this Period

100.00

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

300.00

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 / 13
	<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.	Full Name (Last, First, Middle Initial) James Strebig, MD		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 4050 Barranca Pkwy., #250		Transaction ID: 11AI-73815		
	City Irvine	State CA	Zip Code 92604	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer James Strebig, MD	Occupation Physician			
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 1100.00			

B.	Full Name (Last, First, Middle Initial) Lisa Thomsen, MD		Date of Receipt MM / DD / YYYY 12 / 17 / 2009		
	Mailing Address 5323 Crestview Dr		Transaction ID: 11AI-73691		
	City La Verne	State CA	Zip Code 91750	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lisa Thomsen, MD	Occupation Physician			
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 400.00			

C.	Full Name (Last, First, Middle Initial) Anni Yue, MD		Date of Receipt MM / DD / YYYY 12 / 17 / 2009		
	Mailing Address 20405 Covina Hills Road, E		Transaction ID: 11AI-73687		
	City Covina	State CA	Zip Code 91724	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anni Yue, MD	Occupation Physician			
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 750.00			

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	2900.00

**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)

PAGE 13 / 13

<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

A.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Political Contribution

Candidate Name
Democratic Senatorial Campaign Committee

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼
Calendar year

Transaction ID: 23-542

Date of Disbursement

^M 1	^M 2	/	^D 0	^D 4	/	^Y 2	^Y 0	^Y 0	^Y 9
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Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00