

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly 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 06 01 2010 through 06 30 2010

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 07 15 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.

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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		178337.22
(b) Cash on Hand at Beginning of Reporting Period	163528.22	
(c) Total Receipts (from Line 19)	1775.00	50816.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	165303.22	229153.22
7. Total Disbursements (from Line 31)	6140.00	69990.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	159163.22	159163.22
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

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
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	1250.00	27850.00
(ii) Unitemized	525.00	22966.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1775.00	50816.00
(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)	1775.00	50816.00
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 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))	1775.00	50816.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1775.00	50816.00

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.....	6140.00	37690.00
24. Independent Expenditure (use Schedule E)	0.00	32300.00
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.....	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))..	6140.00	69990.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6140.00	69990.00

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)	1775.00	50816.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1775.00	50816.00
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 / 10
(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)
Leonard Lewenstein, MD

Mailing Address 422 21st St

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Occupation
Leonard Lewenstein, MD Physician

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

Aggregate Year-to-Date **350.00**

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 11AI-74175

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Amir Moradi, MD

Mailing Address 2023 W. Vista Way #F

City State Zip Code
Vista CA 92083

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

Name of Employer Occupation
Amir Moradi, MD Physician

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

Aggregate Year-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 11AI-74174

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Benjamin Shwachman, MD

Mailing Address PO Box 4157

City State Zip Code
Covina CA 91723

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

Name of Employer Occupation
Benjamin Shwachman, MD Physician

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

Aggregate Year-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: 11AI-74179

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 / 10
	(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) Michael Star, MD		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
Mailing Address 1405 Montgomery Dr		Transaction ID: 11AI-74184
City Santa Rosa	State CA	Zip Code 95405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Michael Star, 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 250.00	

B.

Full Name (Last, First, Middle Initial) Patrick Wherry, MD		Date of Receipt MM / DD / YYYY 06 / 16 / 2010
Mailing Address 2505 Samaritan Drive # 201		Transaction ID: 11AI-74177
City San Jose	State CA	Zip Code 95124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Patrick Wherry, 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 250.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	1250.00

**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

A.	Full Name (Last, First, Middle Initial) Brian Bilbray for Congress <hr/> Mailing Address 18144 Via de Fortuna <hr/> City Rancho Santa Fe State CA Zip Code 92067 <hr/> Purpose of Disbursement Political Contribution Candidate Name Brian Bilbray <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23-568 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Dreier for Congress Committee <hr/> Mailing Address PO Box 505 <hr/> City Upland State CA Zip Code 91785 <hr/> Purpose of Disbursement Political Contribution Candidate Name David Dreier <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23-567 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Hunter for Congress <hr/> Mailing Address 9340 Fuerte Dr # 302 <hr/> City La Mesa State CA Zip Code 91941-4164 <hr/> Purpose of Disbursement Political Contribution Candidate Name Duncan Hunter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23-571 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 140.00

SUBTOTAL of Disbursements This Page (optional)	2140.00
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 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) Issa for Congress	Transaction ID: 23-570 Date of Disbursement 06 / 07 / 2010
	Mailing Address PO Box 455	Amount of Each Disbursement this Period 1000.00
	City Rancho Santa Fe State CA Zip Code 92067	
	Purpose of Disbursement Political Contribution Candidate Name Darrell Issa	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: 23-572 Date of Disbursement 06 / 07 / 2010
	Mailing Address 4900 California Ave, #105B	Amount of Each Disbursement this Period 1000.00
	City Bakersfield State CA Zip Code 93309	
	Purpose of Disbursement Political Contribution Candidate Name Kevin McCarthy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Marco Rubio for US Senate	Transaction ID: 23-573 Date of Disbursement 06 / 18 / 2010
	Mailing Address 2030 So Douglas Rd	Amount of Each Disbursement this Period 1000.00
	City Coral Gables State FL Zip Code 33134	
	Purpose of Disbursement Political Contribution Candidate Name Marco Rubio	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 10 / 10

<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)
Congressman Waxman Campaign Committee

Mailing Address 6880 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Political Contribution

Candidate Name
Henry Waxman

Office Sought: House
 Senate
 President

State: CA District: 30

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 23-569

Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

6140.00