



**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"/>	<input type="text" value=""/>	<input type="text" value="102525.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62312.22"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="26910.00"/>	<input type="text" value="72097.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="89222.22"/>	<input type="text" value="174622.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="85400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="89222.22"/>	<input type="text" value="89222.22"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2325.00	21225.00
(ii) Unitemized .....	24585.00	50872.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26910.00	72097.00
(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) .....	26910.00	72097.00
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))..... ▶	26910.00	72097.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26910.00	72097.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	85400.00
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)) ..	0.00	85400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	85400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	26910.00	72097.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26910.00	72097.00
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 11
	<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**

**A. Bahram Bahrami MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2934 Ingelow St

City San Diego State CA Zip Code 92106

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

Name of Employer Bahram Bahrami, MD Occupation Physician

Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 11AI-76554**

Amount of Each Receipt this Period  
 100.00

**B. M. Aslam Barra MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 930 Sunnyslope Road, Ste E-1

City Hollister State CA Zip Code 95023

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

Name of Employer M. Aslam Barra, MD Occupation Physician

Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : 11AI-76577**

Amount of Each Receipt this Period  
 100.00

**C. Boyd Flinders MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2701 W Alameda Ave Ste 403

City Burbank State CA Zip Code 91505

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

Name of Employer Boyd Flinders, MD Occupation Physician

Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 11AI-76571**

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 7 OF 11
	<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. Daniel Gardner MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13725 Mar Scenic Drive  
City Del Mar State CA Zip Code 92014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Daniel Gardner, MD Occupation Physician  
Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
**12 / 20 / 2013**  
Transaction ID : **11AI-76468**  
Amount of Each Receipt this Period  
**100.00**  
Aggregate Year-to-Date ▼  
**275.00**

**B. Kenneth House MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27726 Pacific Coast Hwy  
City Malibu State CA Zip Code 90265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kenneth House, MD Occupation Physician  
Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
**12 / 24 / 2013**  
Transaction ID : **11AI-76435**  
Amount of Each Receipt this Period  
**250.00**  
Aggregate Year-to-Date ▼  
**250.00**

**C. Thomas Lagrelius MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23451 Madison St Ste 140  
City Torrance State CA Zip Code 90505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Thomas LaGrelus, MD Occupation Physician  
Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
**12 / 31 / 2013**  
Transaction ID : **11AI-76560**  
Amount of Each Receipt this Period  
**100.00**  
Aggregate Year-to-Date ▼  
**450.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **450.00**  
**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 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Zena Levine MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14911 National Ave Ste # 4  
 City Los Gatos State CA Zip Code 95032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Zena Levine, 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  
 12 / 19 / 2013  
**Transaction ID : 11AI-76584**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 350.00

**B. Leonard Newman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 El Toyonal  
 City Orinda State CA Zip Code 94563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leonard Newman, 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  
 12 / 31 / 2013  
**Transaction ID : 11AI-76453**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 350.00

**C. Richard Nguyen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 N. A street  
 City Oxnard State CA Zip Code 93030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Richard Nguyen, 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  
 12 / 10 / 2013  
**Transaction ID : 11AI-76513**  
 Amount of Each Receipt this Period  
 125.00  
 Aggregate Year-to-Date ▼  
 225.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> 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 11
<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. Franklin Rumore MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2505 Samaritan Drive, #603

City San Jose	State CA	Zip Code 95124
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FEC ID number of contributing federal political committee. **C**

Name of Employer Franklin Rumore, MD	Occupation Physician
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Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : 11AI-76491**

Amount of Each Receipt this Period  

100.00
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**B. Lee Sadjia MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2730 Wilshire Blvd., #325

City Santa Monica	State CA	Zip Code 90403
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lee Sadjia, MD	Occupation Physician
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Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : 11AI-76520**

Amount of Each Receipt this Period  

100.00
--------

**C. Wayne Sandler MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2080 Century Park East #902

City Los Angeles	State CA	Zip Code 90067
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wayne Sandler, MD	Occupation Physician
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Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : 11AI-76538**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 11
	<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. 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 ▼ **350.00**

Date of Receipt  
**12 / 17 / 2013**  
**Transaction ID : 11AI-76449**  
Amount of Each Receipt this Period  
**100.00**

**B. 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 ▼ **350.00**

Date of Receipt  
**12 / 18 / 2013**  
**Transaction ID : 11AI-76498**  
Amount of Each Receipt this Period  
**100.00**

**C. 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  
Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**12 / 26 / 2013**  
**Transaction ID : 11AI-76563**  
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 11 OF 11  
(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**

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

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

Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : 11AI-76337**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. James Strebig MD**

Mailing Address 4050 Barranca Pkwy., #250

City Irvine State CA Zip Code 92604

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

Name of Employer James Strebig, MD Occupation Physician

Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : 11AI-76340**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**c. Gexin Tang MD**

Mailing Address 4892 Corkwood Lane

City Irvine State CA Zip Code 92612

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

Name of Employer Gexin Tang, MD Occupation Physician

Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : 11AI-76579**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2325.00</b>