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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC 333 S. Hope Street, 8th Floor ADDRESS (number and street) Check if different than previously CA 90071 Los Angeles reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00161604 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 07 2006 CA 11 Election on State of 10 19 2006 27 2006 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kirk Alan Pessner Type or Print Name of Treasurer Electronically Filed by Kirk Alan Pessner 12 04 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

F	Repor	rt Covering the Period: From:	19 2006	To: D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1 Yes 2006		157478.93
	(b)	Cash on Hand at Begining of Reporting Period	188635.93	
	(c)	Total Receipts (from Line 19)	19674.00	110880.00
	(d)	Subtotal (add lines 6(b) and		
		6(c) for Column A and Lines 6(a) and 6(c) for Column B)	208309.93	268358.93
7.	Tot	al Disbursements (from Line 31)	156411.46	216460.46
3.	Rep	sh on Hand at Close of corting Period btract Line 7 from Line 6(d))	51898.47	51898.47
9.	the	ots and Obligations owed TO committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations owed BY committee (Itemize all on nedule C and/or Schedule D)	0.00	

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. 02/2003) Page 3

Write or Type Committee Name

Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

1 9 м м 1 0 м м 1 1 2^D7 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 14900.00 42000.00 (i) Itemized (use Schedule A) 4774.00 68880.00 (ii) Unitemized (iii) TOTAL (add 19674.00 110880.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 19674.00 110880.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 19674.00 110880.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 19674.00 110880.00 (subtract Line 18(c) from Line 19)

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 4800.00 4800.00 Expenditures..... (c) Total Operating Expenditures 4800.00 4800.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 8600.00 68349.00 24. Independent Expenditure 143011.46 143011.46 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 300.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 300.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 156411.46 216460.46 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

156411.46

216460.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19674.00	110880.00
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19674.00	110580.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4800.00	4800.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	4800.00	4800.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 28
	EMIZED RECEIPTS		or each category of the	(check only one)
II EIVIIZED NECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
			, 3	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	Cooperative of American Physicians-Mut	tual Prote	ction Trust (CAP-MPT) Fede	eral PAC
Α.	Full Name (Last, First, Middle Initial) Reuel Asinas, MD			Date of Receipt
	Mailing Address 27164 Bidwell Lane			10 31 2006
	City	State	Zip Code	Transaction ID: 11ai5187
	Valencia	CA	91354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Reuel Asinas, MD	Occupation Physician		
	Receipt For:	•	Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	0 0	550.00	
В.	Full Name (Last, First, Middle Initial) Jessica Basa, MD			Date of Receipt
	Mailing Address 705 E Virginia Way Ste F	10 31 YYYYY 2006		
	City	State	Zip Code	Transaction ID: 11ai5168
	Barstow	CA	92311	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Jessica Basa, MD	Occupation		
		Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Margaret Bates, MD			Date of Receipt
	Mailing Address 637 S Lucas Ave #200			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 11ai5142
	Los Angeles	CA	90017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Margaret Bates, MD	Occupation Physician		7
	Receipt For:		Year-to-Date ▼	7
	Primary General	23 33-11		1
	Other (specify) ▼		250.00]
[UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 28
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and Stat	temente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Cooperative of American Physicians-Mu	tual Proted	ction Trust (CAP-MPT) Fede	eral PAC
Α.	Full Name (Last, First, Middle Initial) Dean Berkus, MD			Date of Receipt
	Mailing Address 4930 Gaviota Ave			11 08 7 2006
	City	State	Zip Code	Transaction ID: 11ai5194
	Encino	CA	91436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Dean Berkus, MD	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	450.00	1
	Other (specify)	0 0	450.00	
Б	Full Name (Last, First, Middle Initial)			Date of Bassist
В.	Alvaro Bolivar, MD Mailing Address 598 N F St			Date of Receipt
	Mailing Address 590 N F St			11 08 2006
	City	State	Zip Code	Transaction ID: 11ai5201
	San Bernardino	CA	92410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Alvaro Bolivar, MD	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
C. Maria S Buhay-Maglunog, MD Mailing Address 1250 S Sunset Ave #201				M M / D D / Y Y Y Y
		11 16 2006		
	City	State	Zip Code	Transaction ID: 11ai5213
	West Covina	CA	91790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Maria S. Buhay-Maglunog, MD	Occupation Physician		
	Receipt For:		Year-to-Date V	
	Primary General		250.00	1
	Other (specify)		250.00	
5	UBTOTAL of Receipts This Page (optional)			750.00
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۱,	OTAL This Period (last page this line number or	nlv)		

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	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
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			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Cooperative of American Physicians-M	utual Proted	ction Trust (CAP-MPT) Fede	eral PAC
Α.	Full Name (Last, First, Middle Initial) Karen Carlson, MD			Date of Receipt
	Mailing Address 5575 W Las Positas Blv	vd #330		10 31 YYYYY 2006
	City	State	Zip Code	Transaction ID: 11ai5172
	Pleasanton	CA	94588	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Karen Carlson, MD	Occupation Physician		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Paul Carlson, MD			Date of Receipt
	Mailing Address 1440 Melwood Dr			M M / D D / Y Y Y Y
	011	01-1-	7'- 01-	10 31 2006
	City	State	Zip Code	Transaction ID: 11ai5169
	Glendale	CA	91207	Amount of Each Receipt this Period
	FEC ID number of contributing	C		150.00
	federal political committee.			
	Name of Employer Paul Carlson, MD	Occupation	า	
	Paul Carison, MD	Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	250.00	7
	Other (specify) ▼		250.00	1
_	Full Name (Last, First, Middle Initial)			Data of Descript
U.	Stevan Clark, MD Mailing Address 10220 S Western Ave			Date of Receipt
	Maining Address 10220 S Western Ave			31 2006
	City	State	Zip Code	Transaction ID: 11ai5166
	Los Angeles	CA	90047	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Stevan Clark, MD	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00]
				250.00
s	UBTOTAL of Receipts This Page (optional)			650.00
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SCH	IEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 28
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Any in or for	nformation copied from such Reports and Stat commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
`	ME OF COMMITTEE (In Full) poperative of American Physicians-Mu	tual Protec	ction Trust (CAP-MPT) Fede	ral PAC
4. <u>w</u>	II Name (Last, First, Middle Initial) eatherford Clayton, MD ailing Address 351 Hospital Rd Ste 504	State	Zip Code	Date of Receipt 1 1 0 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	ewport Beach	CA	92663	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na W	me of Employer eatherford Clayton, MD	Occupation Physiciar		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3. <u>Je</u>	Il Name (Last, First, Middle Initial) rome Dickman, MD			Date of Receipt
Ma —	ailing Address 7230 Medical Center Dr	#604		10 31 7 2006
Cit	•	State	Zip Code	Transaction ID: 11ai5181
FE	est Hills C ID number of contributing deral political committee.	CA	91307	Amount of Each Receipt this Period 250.00
Na Je	me of Employer rome Dickman, MD	Occupation Physician		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Il Name (Last, First, Middle Initial) omas Easter, MD			Date of Receipt
	ailing Address 600 Mountain Ave #A104	4		1 1 0 3 2 0 0 6
Cit	•	State	Zip Code	Transaction ID: 11ai5190
	oland	CA	91786	Amount of Each Receipt this Period
fec	C ID number of contributing deral political committee.	C		500.00
	ime of Employer iomas Easter, MD	Occupation Physician	1	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUB.	TOTAL of Receipts This Page (optional)		·····	1000.00
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51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	name and add	lress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Cooperative of American Physicians-Mu	utual Proted	ction Trust (CAP-MPT) Fede	eral PAC
Α.	Full Name (Last, First, Middle Initial) George El Khoury, MD			Date of Receipt
	Mailing Address 1561 Ramillo Ave			10 31 2006
	City	State	Zip Code	Transaction ID: 11ai5170
	Long Beach	CA	90815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer George El Khoury, MD	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Tony Feuerman, MD			Date of Receipt
	Mailing Address 16133 Ventura Blvd #11	05		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 11ai5120
	Encino	CA	91436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Tony Feuerman, MD	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Madeleine Fisher, MD			Date of Receipt
	Mailing Address 2125 Linda Flora Dr			10
	City	State	Zip Code	Transaction ID: 11ai5165
	Los Angeles	CA	90077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Madeleine Fisher, MD	Occupation Physician		
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)		······	950.00
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SCHEDULE A (FEC Form 3X)			l la a consueta a chardula (a)	FOR LINE NUMBER: PAGE 11 / 28
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
7	NAME OF COMMITTEE (In Full)			
\rangle	Cooperative of American Physicians-Mu	itual Protec	ction Trust (CAP-MPT) Fede	ral PAC
Α.	Full Name (Last, First, Middle Initial) Tom N Giang, MD			Date of Receipt
	Mailing Address 600N Garfield Ave #100			10 19 2006
	City	State	Zip Code	Transaction ID: 11ai5123
	Monterey Park	CA	91754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tom N Giang, MD	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)	0 0	230.00	
— В.	Full Name (Last, First, Middle Initial) Susan Hammar, MD			Date of Receipt
	Mailing Address 2211 W Magnolia Blvd #	<i>‡</i> 210		M M / D D / Y Y Y Y
	011	01-1-	7'- 01-	10 19 2006
	City	State	Zip Code	Transaction ID: 11ai5121
	Burbank	CA	91506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer_	Occupation	<u> </u>	-
	Susan Hammar, MD	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
— С.	Full Name (Last, First, Middle Initial) John Harch, MD			Date of Receipt
J .	Mailing Address 303 Maple St			M M / D D / Y Y Y Y
	·			10 19 2006
	City	State	Zip Code	Transaction ID: 11ai5129
	Mount Shasta	CA	96067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer John Harch, MD	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	350.00] [
	Other (specify)	0 0		1
s	UBTOTAL of Receipts This Page (optional)			700.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/28
ITEMIZED RECEIPTS			or each category of the	(check only one)
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An	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	Cooperative of American Physicians-Mutua	al Protec	ction Trust (CAP-MPT) Fede	ral PAC
۹.	Full Name (Last, First, Middle Initial) Robert Improta, MD			Date of Receipt
	Mailing Address 2460 Ponderosa Dr N #A-1	117		10 30 7 2006
	,	State	Zip Code	Transaction ID: 11ai5161
		CA	93010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Robert Improta MD	occupation Physician		
	-		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Sudjai Itsara, MD			Date of Receipt
	Mailing Address 305 E Granger Ave #201	11 08 7 2006		
	•	State	Zip Code	Transaction ID: 11ai5199
		CA	95350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Sudiai Iteara' MD	occupation Physician		
	-		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Jay Jordan, MD			Date of Receipt
	Mailing Address 9787 Blantyre Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11ai5179
	Beverly Hills	CA	90210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	lay lordan MD	occupation Physician		
	-		Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т,	This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Llan congreta cohodulo(a)	FOR LINE NUMBER: PAGE 13 / 28
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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				13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		7,	
\rangle	Cooperative of American Physicians-Mut	tual Protec	ction Trust (CAP-MPT) Feder	al PAC
۹.	Full Name (Last, First, Middle Initial) Fauzia Khan, MD			Date of Receipt
	Mailing Address 135 W. Las Tunas Drive			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11ai5174
	Arcadia	CA	91007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fauzia Khan, MD	Occupation Physician]
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Harvey Knoernschild, MD			Date of Receipt
	Mailing Address 55 N 13th St			10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11ai5159
	San Jose	CA	95112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harvey Knoernschild, MD	Occupation Physician]
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Milton Krisiloff, MD			Date of Receipt
Mailing Address 2001 Santa Monica Blvd #1165		#1165 W		10 19 2006
	City	State	Zip Code	Transaction ID: 11ai5133
	Santa Monica	CA	90404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		250.00
	Name of Employer Milton Krisiloff, MD	Occupation Physician]
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
s	UBTOTAL of Receipts This Page (optional)		·····	750.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/28
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any or f	vinformation copied from such Reports and State or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
	Cooperative of American Physicians-Mut	tual Protec	ction Trust (CAP-MPT) Fede	ral PAC
	Full Name (Last, First, Middle Initial) Stephen Kundell, MD			Date of Receipt
*	Mailing Address 1000 Newbury Rd #200			10 30 7 2006
	City	State	Zip Code	Transaction ID: 11ai5160
	Newbury Park	CA	91320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
•	Name of Employer Stephen Kundell, MD	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Arthur Leupold, MD			Date of Receipt
	Mailing Address 11832 Loma Linda Way			11 08 YYYYY 2006
	City	State	Zip Code	Transaction ID: 11ai5193
	Santa Ana	CA	92705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Arthur Leupold, MD	Occupation Physician		
	Receipt For:		Year-to-Date V	-
	Primary General	139.19		
	Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) Norman Levin, MD			Date of Receipt
	Mailing Address 10190 Baywood Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11ai5212
	Los Angeles	CA	90077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
•	Name of Employer Norman Levin, MD	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	450.00	
SL	JBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 15 / 28
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	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
\rangle	Cooperative of American Physicians-Mu	tual Protec	ction Trust (CAP-MPT) Fede	ral PAC
Α.				Date of Receipt
	Mailing Address 1250 S Sunset Ave #201			1 1 1 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 11ai5209
	West Covina	CA	91790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Alexander Maglunog, MD	Occupation Physician		
	Receipt For:		Year-to-Date ▼	7
	Primary General		250.00	
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Rolando Mercader, MD			Date of Receipt
	Mailing Address 166 S Alvarado St #106			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11ai5183
	Los Angeles	CA	90057	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Rolando Mercader, MD	Occupation Physician		
	Receipt For:	-	Year-to-Date ▼	_
	Primary General Other (specify)		450.00	
<u> </u>	Full Name (Last, First, Middle Initial) A.R. Mohan, MD			Date of Receipt
О.	Mailing Address 1818 N Orange Grove #	308		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11ai5138
	Pomona	CA	91767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer A.R. Mohan, MD	Occupation Physician		
			Year-to-Date ▼	
	Primary General		450.00	
	Other (specify)	0 0		1
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
\rangle	NAME OF COMMITTEE (In Full) Cooperative of American Physicians-Mu	ıtual Prote	ction Trust (CAP-MPT) Fede	ral PAC				
Α.	Full Name (Last, First, Middle Initial) Reza Moosavi, MD			Date of Receipt				
	Mailing Address 1319 E Main St			10 31 2006				
	City El Cajon	State CA	Zip Code 92021	Transaction ID: 11ai5162 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Reza Moosavi, MD	Occupation Physician	1					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00					
В.	Full Name (Last, First, Middle Initial) David Nejat-Bina, MD			Date of Receipt				
	Mailing Address 1801 W Romneya Dr St	e #309		10 19 2006				
	City	State	Zip Code	Transaction ID: 11ai5132				
	Anaheim	CA	92801	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer David Nejat-Bina, MD	Occupation Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00					
<u> </u>	Full Name (Last, First, Middle Initial) Leonard Newman, MD			Date of Receipt				
	Mailing Address 40 El Toyonal			10				
	City	State	Zip Code	Transaction ID: 11ai5178				
	Orinda	CA	94563	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer Leonard Newman, MD	Occupation Physician						
	Receipt For:	-	e Year-to-Date ▼					
	Primary General Other (specify) ▼	1 1	300.00					
s	UBTOTAL of Receipts This Page (optional)		.	700.00				

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 28 (check only one)					
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			Detailed Summary Page	X 11a 11b 11c 12					
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Ar	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
abla	NAME OF COMMITTEE (In Full)								
\rangle	Cooperative of American Physicians-Mut	ual Prote	ction Trust (CAP-MPT) Fede	ral PAC					
Α.	Full Name (Last, First, Middle Initial) Jack Nichols, MD			Date of Receipt					
	Mailing Address 1230 East St			10 19 2006					
	City	State	Zip Code	Transaction ID: 11ai5139					
	Redding	CA	96001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Jack Nichols, MD	Occupation Physician							
	Receipt For:		e Year-to-Date ▼						
	Primary General	7.99.094.0	· · · · · · · · · · · · · · · · · · ·	1					
	Other (specify) ▼		250.00						
— В.	Full Name (Last, First, Middle Initial) Farshad Nosratian. MD			Date of Receipt					
	Mailing Address 4477 118th St #501			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y					
	City	State	Zip Code	Transaction ID: 11ai5180					
	Hawthorne	CA	90250						
		UA	90230	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Farshad Nosratian, MD	Occupation Physician							
	Receipt For:		e Year-to-Date ▼						
	Primary General			1					
	Other (specify) ▼		250.00						
— С.	Full Name (Last, First, Middle Initial) Michelle Oliveira, MD			Date of Receipt					
	Mailing Address 801 Amberwood Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 11ai5197					
	San Ramon	CA	94583	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Michelle Oliveira, MD	Occupation Physician							
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00						
s	UBTOTAL of Receipts This Page (optional)			750.00					
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE						
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	NAME OF COMMITTEE (In Full)	total Duatas	-+: T+ (OAD MDT)	I DAG					
\angle	Cooperative of American Physicians-Mu	tuai Proted	Ction Trust (CAP-MPT) Fede	rai PAC					
A.	Full Name (Last, First, Middle Initial) Jay Orringer, MD			Date of Receipt					
	Mailing Address 9675 Brighton Wy Penth	ouse		10 19 2006					
	City	State	Zip Code	Transaction ID: 11ai5140					
	Beverly Hills	CA	90210	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Jay Orringer, MD	Occupation							
	Receipt For:	Physician	Year-to-Date ▼	_					
	Primary General	Aggregate	: Teal-10-Date V						
	Other (specify)		350.00						
		1 1	0 0 0 0 0 0 0	¹					
В.	Full Name (Last, First, Middle Initial) Thomas Pattison, MD			Date of Receipt					
	Mailing Address P O Box 1079			M M / D D / Y Y Y Y					
				10 31 2006					
	City	State	Zip Code	Transaction ID: 11ai5182					
	Davis	CA	95617	Amount of Each Receipt this Period					
	FEC ID number of contributing	C		250.00					
	federal political committee.								
	Name of Employer	Occupation	า	7					
	Thomas Pattison, MD	Physician	ı						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		250.00						
	Other (specify)	0 0	200.00						
— С.	Full Name (Last, First, Middle Initial) Justine Petrie, MD			Date of Receipt					
U .	Mailing Address 2228 N State College Blv	/d		Date of Receipt					
	ZZZO N State College Bit	/u		10 19 2006					
	City	State	Zip Code	Transaction ID: 11ai5122					
	Fullerton	CA	92831	Amount of Each Receipt this Period					
	FEC ID number of contributing			250.00					
	federal political committee.	C		230.00					
	Name of Employer Justine Petrie, MD	Occupation Physician							
	Receipt For:		Year-to-Date ▼	7					
	Primary General	1 1		1					
	Other (specify) ▼		250.00						
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S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 19 / 28					
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\setminus	NAME OF COMMITTEE (In Full)								
	Cooperative of American Physicians-M	utual Proted	ction Trust (CAP-MPT) Fede	eral PAC					
A.	Full Name (Last, First, Middle Initial) Dien Pham, MD			Date of Receipt					
	Mailing Address 855 E Anaheim St			10 31 2006					
	City	State	Zip Code	Transaction ID: 11ai5171					
	Long Beach	CA	90813	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Dien Pham, MD	Occupation Physician		7					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		250.00	1					
	Other (specify)	0 0	250.00						
B.	Full Name (Last, First, Middle Initial) Frederick Pitts, MD			Date of Receipt					
	Mailing Address 929 McCarthy Ct.			M M / D D / Y Y Y Y					
				10 19 2006					
	City	State	Zip Code	Transaction ID: 11ai5135					
	El Segundo	CA	90245	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer Frederick Pitts, MD	Occupation Physician							
	Receipt For:		Year-to-Date ▼						
	Primary General		050.00	1					
	Other (specify) 🔻		250.00						
C.	Full Name (Last, First, Middle Initial) Stephen Rabin, MD			Date of Receipt					
	Mailing Address 150 N Robertson Ste #2	200		10 19 2006					
	City	State	Zip Code	Transaction ID: 11ai5118					
	Beverly Hills	CA	90211	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Stephen Rabin, MD		1						
Physic Receipt For: Aggree			Year-to-Date ▼	_					
	Primary General	33 -3		7					
	Other (specify)		250.00						
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SCHEDULE A (FEC Form 3X)

PAGE 20 / 28 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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-Mutual Protection Trust (CAP-MPT) Federal PAC Full Name (Last, First, Middle Initial) Date of Receipt Thomas Satrom, MD Mailing Address 647 Wellesley Dr 3 1 2006 10 City State Zip Code Transaction ID: 11ai5176 Claremont CA 91711 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Thomas Satrom, MD Occupation Physician Aggregate Year-to-Date ▼ Receipt For: Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica Schneider, MD Date of Receipt Mailing Address 10309 Santa Monica Blvd #300 19 2006 City State Zip Code Transaction ID: 11ai5137 Los Angeles CA 90025 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Jessica Schneider, MD Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Joel Sheiner, MD Date of Receipt Mailing Address 320 Superior Ave #110 2006 10 30 Zip Code Citv State Transaction ID: 11ai5158 Newport Beach CA 92663 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Joel Sheiner, MD Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			Llan annovata anhadula(a)	FOR LINE NUMBER: PAGE 21 / 28					
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<u>~</u>	NAME OF COMMITTEE (In Full)	arro arro ago	roce of any political committee to	Solicit Contributions from Cach Committee.					
$ \rangle$	Cooperative of American Physicians-Mu	tual Protec	etion Trust (CAP-MPT) Fede	ral PAC					
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_	Full Name (Last, First, Middle Initial)								
Α.	Kristin Smith, MD			Date of Receipt					
	Mailing Address 1 Hoag Dr - Anesthesia I	Dept		10 31 2006					
	City	State	Zip Code	Transaction ID: 11ai5177					
	Newport Beach	CA	92663	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		250.00					
	Name of Employer	Occupation	<u> </u>	-					
	Name of Employer Kristin Smith, MD	Physician							
	Receipt For:		Year-to-Date ▼						
	Primary General	111		1					
	Other (specify)		250.00						
В.	Full Name (Last, First, Middle Initial) Michael Sparkuhl, MD			Date of Receipt					
٠.	Mailing Address 845 N 10th St #2			M M / D D / Y Y Y Y					
				11 16 2006					
	City	State	Zip Code	Transaction ID: 11ai5207					
	Santa Paula	CA	93060	Amount of Each Receipt this Period					
	FEC ID number of contributing	C		250.00					
	federal political committee.								
	Name of Employer	Occupation	1	7					
	Michael Sparkuhl, MD	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		250.00						
	Other (specify)		0 0 0 0 0 0 0						
_	Full Name (Last, First, Middle Initial)								
C.	Otto Stallworth, MD			Date of Receipt					
	Mailing Address PO Box 90913 Worldway	/ Center		1 1 0 8 2 0 0 6					
	City	State	Zip Code	Transaction ID: 11ai5198					
	Los Angeles	CA	90009	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		250.00					
	Name of Employer	Occupation	1	-					
	Name of Employer Otto Stallworth, MD	Physician							
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	Other (specify) ▼		250.00						
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 28					
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		Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
Cooperative of American Physicians-	Mutual Prote	ction Trust (CAP-MPT) Fede	ral PAC					
Full Name (Last, First, Middle Initial) Martin Stauber, MD			Date of Receipt					
Mailing Address 16611 Yorba Linda Bl	vd		10 31 2006					
City	State	Zip Code	Transaction ID: 11ai5186					
Yorba Linda	CA	92886	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Martin Stauber, MD	Occupatio Physicia							
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼	0 0	350.00						
Full Name (Last, First, Middle Initial)			Date of Receipt					
James Strebig, MD Mailing Address 4050 Barranca Pkwy:	ng Address 4050 Barranca Pkwy #250							
Walling Address 4000 Darranca F Kwy	#230		10 19 2006					
City	State	Zip Code	Transaction ID: 11ai5127					
Irvine	CA	92604	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer James Strebig, MD	Occupatio		7					
<u>-</u>	Physicia							
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1					
Other (specify) ▼		1000.00						
Full Name (Last, First, Middle Initial) Julio Taleisnik, MD	•		Date of Receipt					
Mailing Address 1140 W La Veta Ave	#860		1 1 0 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 11ai5195					
Orange	CA	92868	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer Julio Taleisnik, MD	Occupatio Physicia							
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼		500.00						
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SCHEDULE A (FEC Forn	1 3X)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 28 (check only one) X 11a					
Any information copied from such Report for commercial purposes, other than	rts and Statements may using the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Cooperative of American Phys	icians-Mutual Prote	ction Trust (CAP-MPT) Fede	eral PAC					
Full Name (Last, First, Middle Initial) John Tomasin, MD Mailing Address 1310-G Prentic City Healdsburg FEC ID number of contributing federal political committee. Name of Employer John Tomasin, MD Receipt For: Primary General Other (specify)	State CA C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) Kiet Tran, MD Mailing Address 815 W Cesar (City		Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Los Angeles FEC ID number of contributing federal political committee.	CA	90012	Amount of Each Receipt this Period 250.00					
Name of Employer Kiet Tran, MD Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate							
Full Name (Last, First, Middle Initial) Matthew Vo, MD Mailing Address 22 Palermo W City Long Beach FEC ID number of contributing	State CA	Zip Code 90803	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
federal political committee. Name of Employer Matthew Vo, MD Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		250.00					
SUBTOTAL of Receipts This Page (op	otional)		750.00					
TOTAL This Period (last page this line	e number only)							

Kay Wood, MD

City

Whittier

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Daniel Zinar, MD

Primary

Receipt For:

Full Name (Last, First, Middle Initial)

Name of Employer Kay Wood, MD

Primary

Receipt For:

B. Daniel Zinar, MD

Torrance

City

Mailing Address 8135 S Painter Ave #301

General

Mailing Address 19000 Hawthorne Blvd #100

General

State

State

Occupation Physician

Aggregate Year-to-Date ▼

1350.00

CA

C

CA

C

PAGE 24 / 28 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 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. Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC Date of Receipt 10 2006 19 Zip Code Transaction ID: 11ai5146 90602 Amount of Each Receipt this Period 250.00 Occupation Physician Aggregate Year-to-Date ▼ 250.00 Date of Receipt 19 2006 Zip Code Transaction ID: 11ai5136 90503 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	→	14900.00

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50	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 25/28								
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)								
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	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions											
or	for commercial purposes, other than using the na	me and address of any political co	mmittee to so	licit contributions from such committee								
\	NAME OF COMMITTEE (In Full)											
/	Cooperative of American Physicians-Mu	tual Protection Trust (CAP-M	PT) Federa	I PAC								
	Full Name (Last, First, Middle Initial)			Transaction ID: B21(b)391								
٩.	Public Opinion Strategies, LLC		Date of Disbursement									
				M M / D D / Y Y Y Y								
	Mailing Address 214 North Fayette Stre	et		10 M / D 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	State Zip Code		Amount of Each Disbursement this Period								
	Alexandria	VA 22314										
	Purpose of Disbursement		4800.00									
	Survey	005										
	Candidate Name		Category/									
			Type									
	Office Sought: House Disbu	sement For:										
	Senate	Primary General										
	President	Other (specify)										
	State: District:											

SUBTOTAL of Disbursements This Page (optional)	•	4800.0	0
TOTAL This Period (last page this line number only)	<u> </u>	4800.0	0

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		-	NUMBER: PAGE 26 / 28 ly one)					8	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a		23 28b	24 28c	П	25 29	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name										
 NAME OF COMMITTEE (In Full) 	and address of any political co	JIIIIII	ilee io s	OIICII COITI	ribulio)115 110	III Sucii	COITIII	iiilee	
Cooperative of American Physicians-Mutua	I Protection Trust (CAP-M	1PT)	Feder	al PAC						
Full Name (Last, First, Middle Initial)				Trans	sactio	on ID:	B23396			
A. Brian Bilbray for Congress				Date		burse		., • .,		
Mailing Address PO Box 455				111	M /	^D 0	3 /	ž	0 0 6	Y
	State Zip Code			Amou	ınt of	Each	Disburse	ement	this P	eriod
	CA 92067						-	1	500.0	0
Purpose of Disbursement Political Contribution	IΓ	01	1		•	-			000.0	
Candidate Name Brian Bilbray		Cate	gory/							
Office Sought: X House Disburser Senate	ment For: 2006 Primary X General									
President District 50	Other (specify)									
State: CA District: 50										
Full Name (Last, First, Middle Initial) Friends of George Allen						sburse		7		
Mailing Address PO Box 6859				1 1	M /	0	3 /	ž	0 ŏ 6	Y
,	State Zip Code VA 22206			Amou	unt of	Each	Disburse	ement	this P	eriod
Purpose of Disbursement	VA 22200	_		+ [ľ			1	500.0	0
Political Contribution		01	1							
Candidate Name George Allen		Cate Ty								
Office Sought: House Disburse X Senate President	nent For: 2006 Primary X General Other (specify)									
State: VA District:	Curior (opeony)									
Full Name (Last, First, Middle Initial) Gallegly for Congress				1		on ID: sburse	B2339	5		
Mailian Addusas - D.O. D. 040004				1 0	M /	^D 3	D /	Y Y	0 Ď 6	Υ
Mailing Address P.O. Box 940001										
,	State Zip Code CA 93094-0001			Amou	int of	Each	Disburse	-		-
Purpose of Disbursement Political Contribution		01	1						600.0	0
Candidate Name Elton Gallegly		Cate								
Office Sought: X House Senate President Disburser	nent For: 2006 Primary X General Other (specify)									
State: CA District: 24										
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					30	600.0	0
TOTAL This Period (last page this line number only)			•							

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 27/28						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b						
	y Information copied from such Reports and State for commercial purposes, other than using the nan	•	, , ,	, ,						
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
/	Cooperative of American Physicians-Mutu	ual Protection Trust (CAP-N	MPT) Federa	I PAC						
	Full Name (Last, First, Middle Initial)			Transaction ID: B23394						
۹.	Steele for Maryland Inc.			Date of Disbursement						
	Mailing Address 1350 Dorsey Road Bldg	A		1 1 1 D D D Y 2 0 0 6 Y						
	City Hanover	State Zip Code MD 21076		Amount of Each Disbursement this Period						
	Purpose of Disbursement Political Contribution		011	5000.00						
	Candidate Name Michael Steele		Category/ Type							
	Office Sought: House Disburs X Senate President	ement For: 2006 Primary X General Other (specify) ▼								
	State: MD District:									

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)		8600.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXP	ENDITURES	PAGE 28 / 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Cooperative of American Physicians-Mutual Prote on Trust (CAP-MPT) Federal PAC	ecti-	· · · · · · · · · · · · · · · · · · ·
	ur notice	C C00161604
Full Name (Last, First, Middle, Initial) of Payer		Date
Voter Strategies	-	M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		Amount
78-710 Avenida Nuestra		115006.46
City	State Zip Code	Transaction ID: E23392
La Quinta	CA 92253	Office Sought: House State: MO
Purpose of Expenditure Radio Commercials	Category/ Type 004	X Senate District: 00 Presidential
Name of Federal Candidate supported or Opp JAMES MATTHES TALENT	posed by expenditure:	Check One: X Support Oppose
ON WILL WINT THE OTT THE THE	τ	Disbursement For: Primary X General 200
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	115006.46	
Full Name (Last, First, Middle, Initial) of Payed	е	Date
Voter Strategies		$\begin{bmatrix} M & M \\ 1, 0 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 3 & 0 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
Mailing Address		Amount
78-710 Avenida Nuestra		28005.00
011	21-1-2-1-	Transaction ID: E23393
City La Quinta	State Zip Code CA 92253	Office Sought: X House State: CA
Purpose of Expenditure		Senate District: 11
Radio Commericals	Category/ Type 004	Presidential
Name of Federal Candidate supported or Opp	posed by expenditure:	Check One: X Support Oppose
RICHARD POMBO	<u> </u>	V V
		Disbursement For: Primary X General 200
Calendar Year-To-Date Per Election for Office Sought	28005.00	Other (specify) :
(a) SUBTOTAL of Itemized Independent Expend	ditures	143011.46
(b) SUBTOTAL of Unitemized Independent Exp.	enditures	0.00
(c) TOTAL Independent Expenditures		143011.46
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or a committee) any political party committee or its agent.	uthorized committee or agent of either, or (if the rep	
Kul. Alan Danmar	Data M M	D D Y Y Y Y
Kirk Alan Pessner Signature	Date 12	04 2006
orginature		