

**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-Mutual Protection Trust (CAP-MPT) Federal PAC

ADDRESS (number and street)

333 S. Hope Street, 8th Floor

☐Check if different
than previously
reported. (ACC)

Los Angeles

CA

90071

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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 (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the
State of

CA

5. Covering Period

10

19

2006

through

11

27

2006

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

12

04

2006

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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		157478.93
(b) Cash on Hand at Beginning 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. Total Disbursements (from Line 31)	156411.46	216460.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51898.47	51898.47
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. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

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)	14900.00	42000.00
(ii) Unitemized	4774.00	68880.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19674.00	110880.00
(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)	19674.00	110880.00
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))	19674.00	110880.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19674.00	110880.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		4800.00	4800.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		4800.00	4800.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		8600.00	68349.00
24. Independent Expenditure (use Schedule E)		143011.46	143011.46
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	300.00
(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	300.00
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))..		156411.46	216460.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		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
35. 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
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4800.00	4800.00

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

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

A. Full Name (Last, First, Middle Initial) Reuel Asinas, MD Mailing Address 27164 Bidwell Lane City Valencia State CA Zip Code 91354 FEC ID number of contributing federal political committee. C Name of Employer Reuel Asinas, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5187 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Jessica Basa, MD Mailing Address 705 E Virginia Way Ste F City Barstow State CA Zip Code 92311 FEC ID number of contributing federal political committee. C Name of Employer Jessica Basa, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5168 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Margaret Bates, MD Mailing Address 637 S Lucas Ave #200 City Los Angeles State CA Zip Code 90017 FEC ID number of contributing federal political committee. C Name of Employer Margaret Bates, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5142 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dean Berkus, MD Mailing Address 4930 Gaviota Ave City Encino State CA Zip Code 91436 FEC ID number of contributing federal political committee. C Name of Employer Dean Berkus, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt MM / DD / YYYY 11 / 08 / 2006 Transaction ID: 11ai5194 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Alvaro Bolivar, MD Mailing Address 598 N F St City San Bernardino State CA Zip Code 92410 FEC ID number of contributing federal political committee. C Name of Employer Alvaro Bolivar, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 11 / 08 / 2006 Transaction ID: 11ai5201 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Maria S Buhay-Maglunog, MD Mailing Address 1250 S Sunset Ave #201 City West Covina State CA Zip Code 91790 FEC ID number of contributing federal political committee. C Name of Employer Maria S. Buhay-Maglunog, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 11 / 16 / 2006 Transaction ID: 11ai5213 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) Karen Carlson, MD Mailing Address 5575 W Las Positas Blvd #330 City Pleasanton State CA Zip Code 94588 FEC ID number of contributing federal political committee. C Name of Employer Karen Carlson, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5172 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Paul Carlson, MD Mailing Address 1440 Melwood Dr City Glendale State CA Zip Code 91207 FEC ID number of contributing federal political committee. C Name of Employer Paul Carlson, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5169 Amount of Each Receipt this Period 150.00
C. Full Name (Last, First, Middle Initial) Stevan Clark, MD Mailing Address 10220 S Western Ave City Los Angeles State CA Zip Code 90047 FEC ID number of contributing federal political committee. C Name of Employer Stevan Clark, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5166 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial)

A. Weatherford Clayton, MD

Mailing Address 351 Hospital Rd Ste 504

City State Zip Code
 Newport Beach CA 92663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weatherford Clayton, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 11ai5188

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jerome Dickman, MD

Mailing Address 7230 Medical Center Dr #604

City State Zip Code
 West Hills CA 91307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jerome Dickman, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 11ai5181

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Easter, MD

Mailing Address 600 Mountain Ave #A104

City State Zip Code
 Upland CA 91786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Easter, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 11ai5190

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) George El Khoury, MD Mailing Address 1561 Ramillo Ave City State Zip Code Long Beach CA 90815 FEC ID number of contributing federal political committee. C Name of Employer George El Khoury, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5170 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Tony Feuerman, MD Mailing Address 16133 Ventura Blvd #1105 City State Zip Code Encino CA 91436 FEC ID number of contributing federal political committee. C Name of Employer Tony Feuerman, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5120 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Madeleine Fisher, MD Mailing Address 2125 Linda Flora Dr City State Zip Code Los Angeles CA 90077 FEC ID number of contributing federal political committee. C Name of Employer Madeleine Fisher, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5165 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial)

A. Tom N Giang, MD

Mailing Address 600N Garfield Ave #100

City State Zip Code
Monterey Park CA 91754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tom N Giang, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai5123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Susan Hammar, MD

Mailing Address 2211 W Magnolia Blvd #210

City State Zip Code
Burbank CA 91506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Susan Hammar, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 11ai5121

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. John Harch, MD

Mailing Address 303 Maple St

City State Zip Code
Mount Shasta CA 96067

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Harch, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 11ai5129

Amount of Each Receipt this Period

250.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) Robert Impröta, MD Mailing Address 2460 Ponderosa Dr N #A-117 City State Zip Code Camarillo CA 93010 FEC ID number of contributing federal political committee. C Name of Employer Robert Impröta, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 11ai5161 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		3	0		2	0	0	6																								
500.00																																	
B. Full Name (Last, First, Middle Initial) Sudjai Itsara, MD Mailing Address 305 E Granger Ave #201 City State Zip Code Modesto CA 95350 FEC ID number of contributing federal political committee. C Name of Employer Sudjai Itsara, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 11ai5199 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	1		0	8		2	0	0	6																								
250.00																																	
C. Full Name (Last, First, Middle Initial) Jay Jordan, MD Mailing Address 9787 Blantyre Dr City State Zip Code Beverly Hills CA 90210 FEC ID number of contributing federal political committee. C Name of Employer Jay Jordan, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 11ai5179 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		3	1		2	0	0	6																								
250.00																																	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) Fauzia Khan, MD Mailing Address 135 W. Las Tunas Drive City State Zip Code Arcadia CA 91007 FEC ID number of contributing federal political committee. C Name of Employer Fauzia Khan, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5174 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Harvey Knoernschild, MD Mailing Address 55 N 13th St City State Zip Code San Jose CA 95112 FEC ID number of contributing federal political committee. C Name of Employer Harvey Knoernschild, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 11ai5159 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Milton Krisiloff, MD Mailing Address 2001 Santa Monica Blvd #1165 W City State Zip Code Santa Monica CA 90404 FEC ID number of contributing federal political committee. C Name of Employer Milton Krisiloff, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5133 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial)

Stephen Kundell, MD

Mailing Address 1000 Newbury Rd #200

City State Zip Code
 Newbury Park CA 91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stephen Kundell, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 11ai5160

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Arthur Leupold, MD

Mailing Address 11832 Loma Linda Way

City State Zip Code
 Santa Ana CA 92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur Leupold, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 6

Transaction ID: 11ai5193

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Norman Levin, MD

Mailing Address 10190 Baywood Ct

City State Zip Code
 Los Angeles CA 90077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norman Levin, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 11ai5212

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial)

A. Alexander Maglunog, MD

Mailing Address 1250 S Sunset Ave #201

City State Zip Code
West Covina CA 91790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alexander Maglunog, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2006

Transaction ID: 11ai5209

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rolando Mercader, MD

Mailing Address 166 S Alvarado St #106

City State Zip Code
Los Angeles CA 90057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rolando Mercader, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 31 / 2006

Transaction ID: 11ai5183

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. A.R. Mohan, MD

Mailing Address 1818 N Orange Grove #308

City State Zip Code
Pomona CA 91767

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.R. Mohan, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 19 / 2006

Transaction ID: 11ai5138

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) Reza Moosavi, MD Mailing Address 1319 E Main St City State Zip Code El Cajon CA 92021 FEC ID number of contributing federal political committee. C Name of Employer Reza Moosavi, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5162 Amount of Each Receipt this Period 250.00	
B. Full Name (Last, First, Middle Initial) David Nejat-Bina, MD Mailing Address 1801 W Romneya Dr Ste #309 City State Zip Code Anaheim CA 92801 FEC ID number of contributing federal political committee. C Name of Employer David Nejat-Bina, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5132 Amount of Each Receipt this Period 250.00	
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5178 Amount of Each Receipt this Period 200.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) Jack Nichols, MD Mailing Address 1230 East St City State Zip Code Redding CA 96001 FEC ID number of contributing federal political committee. C Name of Employer Jack Nichols, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5139 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Farshad Nosrati, MD Mailing Address 4477 118th St #501 City State Zip Code Hawthorne CA 90250 FEC ID number of contributing federal political committee. C Name of Employer Farshad Nosrati, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5180 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Michelle Oliveira, MD Mailing Address 801 Amberwood Way City State Zip Code San Ramon CA 94583 FEC ID number of contributing federal political committee. C Name of Employer Michelle Oliveira, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: 11ai5197 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)
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Detailed Summary Page

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(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) Jay Orringer, MD Mailing Address 9675 Brighton Wy Penthouse City State Zip Code Beverly Hills CA 90210 FEC ID number of contributing federal political committee. C Name of Employer Jay Orringer, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5140 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Thomas Pattison, MD Mailing Address P O Box 1079 City State Zip Code Davis CA 95617 FEC ID number of contributing federal political committee. C Name of Employer Thomas Pattison, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5182 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Justine Petrie, MD Mailing Address 2228 N State College Blvd City State Zip Code Fullerton CA 92831 FEC ID number of contributing federal political committee. C Name of Employer Justine Petrie, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5122 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**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5171 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Frederick Pitts, MD Mailing Address 929 McCarthy Ct. City State Zip Code El Segundo CA 90245 FEC ID number of contributing federal political committee. C Name of Employer Frederick Pitts, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5135 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Stephen Rabin, MD Mailing Address 150 N Robertson Ste #200 City State Zip Code Beverly Hills CA 90211 FEC ID number of contributing federal political committee. C Name of Employer Stephen Rabin, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5118 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)
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Detailed Summary Page

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(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) Thomas Satrom, MD Mailing Address 647 Wellesley Dr City State Zip Code Claremont CA 91711 FEC ID number of contributing federal political committee. C Name of Employer Thomas Satrom, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5176 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Jessica Schneider, MD Mailing Address 10309 Santa Monica Blvd #300 City State Zip Code Los Angeles CA 90025 FEC ID number of contributing federal political committee. C Name of Employer Jessica Schneider, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5137 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Joel Sheiner, MD Mailing Address 320 Superior Ave #110 City State Zip Code Newport Beach CA 92663 FEC ID number of contributing federal political committee. C Name of Employer Joel Sheiner, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 11ai5158 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**

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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Kristin Smith, MD Mailing Address 1 Hoag Dr - Anesthesia Dept City State Zip Code Newport Beach CA 92663 FEC ID number of contributing federal political committee. C Name of Employer Kristin Smith, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5177 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Michael Sparkuhl, MD Mailing Address 845 N 10th St #2 City State Zip Code Santa Paula CA 93060 FEC ID number of contributing federal political committee. C Name of Employer Michael Sparkuhl, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 Transaction ID: 11ai5207 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Otto Stallworth, MD Mailing Address PO Box 90913 Worldway Center City State Zip Code Los Angeles CA 90009 FEC ID number of contributing federal political committee. C Name of Employer Otto Stallworth, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: 11ai5198 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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Martin Stauber, MD Mailing Address 16611 Yorba Linda Blvd City Yorba Linda State CA Zip Code 92886 FEC ID number of contributing federal political committee. C Name of Employer Martin Stauber, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 11ai5186 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 11ai5127 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Julio Taleisnik, MD Mailing Address 1140 W La Veta Ave #860 City Orange State CA Zip Code 92868 FEC ID number of contributing federal political committee. C Name of Employer Julio Taleisnik, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: 11ai5195 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) ▶			1250.00
TOTAL This Period (last page this line number only) ▶			

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John Tomasin, MD

Mailing Address 1310-G Prentice Dr

City State Zip Code
Healdsburg CA 95448

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Tomasin, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 11ai5164

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kiet Tran, MD

Mailing Address 815 W Cesar Chavez Ave #201

City State Zip Code
Los Angeles CA 90012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kiet Tran, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 11ai5211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Matthew Vo, MD

Mailing Address 22 Palermo Walk

City State Zip Code
Long Beach CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matthew Vo, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 11ai5184

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 28

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial) Kay Wood, MD Mailing Address 8135 S Painter Ave #301 City Whittier State CA Zip Code 90602 FEC ID number of contributing federal political committee. C Name of Employer Kay Wood, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 11ai5146 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	9		2	0	0	6																							
250.00																																
B. Full Name (Last, First, Middle Initial) Daniel Zinar, MD Mailing Address 19000 Hawthorne Blvd #100 City Torrance State CA Zip Code 90503 FEC ID number of contributing federal political committee. C Name of Employer Daniel Zinar, MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 11ai5136 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	9		2	0	0	6																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

14900.00

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Public Opinion Strategies, LLC

Mailing Address 214 North Fayette Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Survey

Candidate Name

005
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B21(b)391

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

4800.00

SUBTOTAL of Disbursements This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

4800.00

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 26 / 28

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brian Bilbray for Congress

Mailing Address PO Box 455

City
Rancho Santa Fe

State
CA

Zip Code
92067

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Brian Bilbray

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: B23396

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends of George Allen

Mailing Address PO Box 6859

City
Arlington

State
VA

Zip Code
22206

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
George Allen

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District:

Transaction ID: B23397

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Gallegly for Congress

Mailing Address P.O. Box 940001

City
Simi Valley

State
CA

Zip Code
93094-0001

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Elton Gallegly

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 24

Transaction ID: B23395

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

3600.00

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)

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<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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial)

A. Steele for Maryland Inc.

Mailing Address 1350 Dorsey Road Bldg A

City Hanover State MD Zip Code 21076

Purpose of Disbursement
Political Contribution

Candidate Name
Michael Steele

Office Sought: ☐ House
☒ Senate
☐ President

State: MD

District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B23394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

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**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC		FEC IDENTIFICATION NUMBER C C00161604	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Voter Strategies		Date MM / DD / YYYY 10 / 28 / 2006	
Mailing Address 78-710 Avenida Nuestra		Amount 115006.46	
City State Zip Code La Quinta CA 92253		Transaction ID: E23392	
Purpose of Expenditure Radio Commercials		Office Sought: <input checked="" type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES MATTHES TALENT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 115006.46			
Full Name (Last, First, Middle, Initial) of Payee Voter Strategies		Date MM / DD / YYYY 10 / 30 / 2006	
Mailing Address 78-710 Avenida Nuestra		Amount 28005.00	
City State Zip Code La Quinta CA 92253		Transaction ID: E23393	
Purpose of Expenditure Radio Commericals		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD POMBO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 28005.00			
(a) SUBTOTAL of Itemized Independent Expenditures		143011.46	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures		143011.46	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Kirk Alan Pessner Signature		Date MM / DD / YYYY 12 / 04 / 2006	