

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Cooperative of American Physicians Federal Political Action Committee

ADDRESS (number and street)

333 S. Hope Street, 8th Floor

Check if different
than previously
reported. (ACC)

Los Angeles

CA

90071

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00161604

3. IS THIS
REPORTNEW
(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

in the
State of

5. Covering Period

04

01

2010

through

04

30

2010

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

Type or Print Name of Treasurer

Kirk Alan Pessner

Signature of Treasurer

Electronically Filed by Kirk Alan Pessner

Date

05

11

2010

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	178337.22
(b) Cash on Hand at Beginning of Reporting Period	151223.22	
(c) Total Receipts (from Line 19)	20450.00	37436.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	171673.22	215773.22
7. Total Disbursements (from Line 31)	7750.00	51850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	163923.22	163923.22
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 25

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17050.00	17600.00
(ii) Unitemized	3400.00	19836.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20450.00	37436.00
(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)	20450.00	37436.00
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))	20450.00	37436.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20450.00	37436.00

DETAILED SUMMARY PAGE

of Disbursements

4 / 25

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7750.00	19550.00	
24. Independent Expenditure (use Schedule E)	0.00	32300.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7750.00	51850.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7750.00	51850.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 25

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)	20450.00	37436.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20450.00	37436.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Agulnek, MD

Mailing Address 4929 Van Nuys Blvd

City

Sherman Oaks

State

CA

Zip Code

91403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Agulnek, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74106

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Yeong Ahn, MD

Mailing Address 2622 Timerlake Drive

City

La Crescenta

State

CA

Zip Code

91214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yeong Ahn, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74056

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Neeta Ambe-Crain, MD

Mailing Address 1250 La Venta Drive, #112

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neeta Ambe-Crain, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74112

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Bornstein, MD

Mailing Address 4330 Meadow View Place

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Bornstein, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74104

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bijan Broukhim, MD

Mailing Address 16311 Ventura Blvd STE 1080

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bijan Broukhim, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 11AI-74105

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bijan Broukhim, MD

Mailing Address 16311 Ventura Blvd STE 1080

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bijan Broukhim, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 11AI-74078

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Chen, MD

Mailing Address 6937 Vallon Dr

City

Rancho Palos Verde

State

CA

Zip Code

90275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anthony Chen, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 11AI-74086

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Robert Cohenour, M.D.

Mailing Address 6950 Calledia

City

Camarillo

State

CA

Zip Code

93012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Cohenour, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74043

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kevin Considine, MD

Mailing Address 171 C Ave

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kevin Considine, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 11AI-74058

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Harry Cozen, MD

Mailing Address 2644 Lakewood Place

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry Cozen, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74041

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alexander Deyan, MD

Mailing Address 360 San Miguel Drive, #508

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alexander Deyan, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74083

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

George Elkhoury, MD

Mailing Address 1561 Ramillo Ave.

City

Long Beach

State

CA

Zip Code

90815

FEC ID number of contributing
federal political committee.

C

Name of Employer
George Elkhoury, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11AI-74061

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elliott Fankuchen, MD

Mailing Address 711 Via Lido Nord

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elliott Fankuchen, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74051

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Igor Fineman, MD

Mailing Address 630 South Raymond Ave., #301

City

Pasadena

State

CA

Zip Code

91105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Igor Fineman, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74064

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Boyd Flinders, MD

Mailing Address 2701 W. Alameda Ave., #507

City

Burbank

State

CA

Zip Code

91505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boyd Flinders, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11AI-74042

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Frieder, MD

Mailing Address 1245 16th St., #312

City

Santa Monica

State

CA

Zip Code

90404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard Frieder, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74077

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Gales, MD

Mailing Address 11847 Wilshire Ste #303

City

Los Angeles

State

CA

Zip Code

90025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael Gales, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74047

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Gray, MD

Mailing Address 227 W Janss Rd Ste360

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Gray, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74102

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marc Gutin, MD

Mailing Address 210 S. Grand Ave., #224

City

Glendora

State

CA

Zip Code

91741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marc Gutin, MDOccupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74110

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Hatoff, MD

Mailing Address 23961 Calle Dela Magdalena Ste

City

Laguna Hills

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Hatoff, MDOccupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74057

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Andrew Sew Hoy, MD

Mailing Address 1414 S. Grand, #300

City

Los Angeles

State

CA

Zip Code

90015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Andrew Sew Hoy, MDOccupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 1 0

Transaction ID: 11AI-74048

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas Hryniewicki, MD

Mailing Address 845 E. Chapman Ave.

City

Orange

State

CA

Zip Code

92866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Hryniewicki, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74120

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Ingram, MD

Mailing Address 2888 Long Beach Blvd., #340

City

Long Beach

State

CA

Zip Code

90806

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Ingram, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 11AI-74046

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John Joseph, MD

Mailing Address 9400 Brighton Wy #203

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Joseph, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74074

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Juanita Kagwa-Nyanzi, MD

Mailing Address 3424 Hawkwood Road

City

Diamond Bar

State

CA

Zip Code

91765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Juanita Kagwa-Nyanzi, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74108

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dunja Maglica, MD

Mailing Address 4020 Via Pavion

City

Palos Verdes Estat

State

CA

Zip Code

90274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dunja Maglica, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 1 0

Transaction ID: 11AI-74063

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Teresita Maqueda, MD

Mailing Address 921 Calle La Primavera

City

Glendale

State

CA

Zip Code

91208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teresita Maqueda, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74059

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Mathews, MD

Mailing Address 7 La Rochelle

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Mathews, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 11AI-74099

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rolando Mercader, MD

Mailing Address 166 S. Alvarado St., #106

City

Los Angeles

State

CA

Zip Code

90057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rolando Mercader, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74118

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jack Nichols, MD

Mailing Address 1230 East St. Suite A

City

Redding

State

CA

Zip Code

96001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jack Nichols, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74038

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Corbett Penton, MD

Mailing Address 9715 Weare Ave.

City

Fountain Valley

State

CA

Zip Code

92708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corbett Penton, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74116

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

S. Gainer Pillsbury, M.D.

Mailing Address 1310 E. Ocean Blvd., #1405

City

Long Beach

State

CA

Zip Code

90802

FEC ID number of contributing
federal political committee.

C

Name of Employer
S. Gainer Pillsbury, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74117

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Arturo Quintanilla, MD

Mailing Address 14901 Rinaldi St., #201

City

Mission Hills

State

CA

Zip Code

91345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arturo Quintanilla, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11AI-74114

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Amer Rayyes, MD

Mailing Address 2032 Burnt Mill Road

City

Tustin

State

CA

Zip Code

92782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amer Rayyes, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74096

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Laurie Reynard, MD

Mailing Address 2021 Santa Monica Blvd., #730

City

Santa Monica

State

CA

Zip Code

90404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurie Reynard, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74088

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Franklin Rumore, MD

Mailing Address 2505 Samaritan Drive, #603

City

San Jose

State

CA

Zip Code

95124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Rumore, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74094

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Santore, MD

Mailing Address 7910 Frost St Ste 200

City

San Diego

State

CA

Zip Code

92123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard Santore, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 11AI-74075

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ernest Schreiber, MD

Mailing Address 856 Eighth St.

City

Manhattan Beach

State

CA

Zip Code

90266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ernest Schreiber, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74049

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mohamad Shaheedy, MD

Mailing Address 5400 Balboa Blvd., #210

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mohamad Shaheedy, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74103

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 25

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stewart Shanfield, MD

Mailing Address 101 Laguna Rd Ste A

City

Fullerton

State

CA

Zip Code

92835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Shanfield, MDOccupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 11AI-74044

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Paul Toomer, MD

Mailing Address 2190 Lynn Rd Ste 290

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paul Toomer, MDOccupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Transaction ID: 11AI-74066

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ruth Topacio, MD

Mailing Address 18212 San Gabriel Ave., #C

City

Cerritos

State

CA

Zip Code

90703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruth Topacio, MDOccupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Transaction ID: 11AI-74107

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Priscilla Tsao, MD

Mailing Address 265 W Magna Vista Ave

City

Arcadia

State

CA

Zip Code

91007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Priscilla Tsao, MDOccupation
Physician

Receipt For: 2010

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11AI-74052

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Patrick Wade, MD

Mailing Address 1016 E. Broadway #100

City

Glendale

State

CA

Zip Code

91205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patrick Wade, MDOccupation
Physician

Receipt For: 2010

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74069

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Wagmeister, MD

Mailing Address 2001 Santa Monica Blvd., #690W

City

Santa Monica

State

CA

Zip Code

90404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Wagmeister, MDOccupation
Physician

Receipt For: 2010

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 11AI-74076

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25

(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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Weber, MD

Mailing Address 2888 Long Beach Blvd., #165

City

Long Beach

State

CA

Zip Code

90806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paul Weber, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74070

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Wu, MD

Mailing Address 2504 Samaritan Drive #20

City

San Jose

State

CA

Zip Code

95124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elizabeth Wu, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74054

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tzuying Tammy Wu, MD

Mailing Address 2909 Hillglen Ave.

City

Modesto

State

CA

Zip Code

95355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tzuying Tammy Wu, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 11AI-74062

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 25

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anni Yue, MD

Mailing Address 20405 Covina Hills Road, E

City	State	Zip Code
Covina	CA	91724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anni Yue, MDOccupation
Physician
 Receipt For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11AI-74079

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

17050.00

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 23 / 25

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

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

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bennett Election Committee

Mailing Address 515 S Figueroa St, #1060

City
Los Angeles

State
CA

Zip Code
90071

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Robert Bennett

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Transaction ID: 23-556

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

The Friends of John Boehner

Mailing Address 7808 Cincinnati-Dayton Rd # 1

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
John Boehner

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: 23-555

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Brown for US Senate

Mailing Address 200 Reservoir Street #101

City
Needham

State
MA

Zip Code
02494

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Scott Brown

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Transaction ID: 23-558

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

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

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

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carly for California

Mailing Address 515 S. Figueroa St., 16th Fl.

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Political Contribution

Candidate Name
Carly Fiorina

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 23-554

Date of Disbursement

04 / 16 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Hoeven for Senate 2010

Mailing Address 19528 Ventura Blvd #647

City Tarzana State CA Zip Code 91356

Purpose of Disbursement
Political Contribution

Candidate Name
John Hoeven

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: 23-552

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kirk for Senate

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Political Contribution

Candidate Name
Mark S Kirk

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: 23-557

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

<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

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

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of John McCain

Mailing Address 515 S. Figueroa St., 16th Fl.

City
Los Angeles

State
CA

Zip Code
90071

Purpose of Disbursement
Political Contribution

Candidate Name
John McCain

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District:

Transaction ID: 23-553

Date of Disbursement

04 / 16 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

7750.00