

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		112865.22
(b) Cash on Hand at Beginning of Reporting Period.....	77825.22	
(c) Total Receipts (from Line 19)	24700.00	87610.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102525.22	200475.22
7. Total Disbursements (from Line 31).....	0.00	97950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	102525.22	102525.22
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)

Page 3

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	4700.00	37150.00
(ii) Unitemized	20000.00	50460.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24700.00	87610.00
(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)	24700.00	87610.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24700.00	87610.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24700.00	87610.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	97850.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(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	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	97950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	97950.00

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)	24700.00	87610.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24700.00	87510.00
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 OF 14
(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. David Bender MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10921 Wilshire Blvd., #602
 City Los Angeles State CA Zip Code 90024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David Bender, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : 11AI-75753
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 300.00

B. Paul Brower MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25200 La Paz Rd #200
 City Laguna Hills State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paul Brower, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 11AI-75938
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 350.00

C. Sandor Dresnin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2551 Riave Court
 City Camarillo State CA Zip Code 93012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sandor Dresnin, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 11AI-75798
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

A. Georges Elkhoury MD
Full Name (Last, First, Middle Initial)
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 Georges Elkhoury, MD Occupation Physician
Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **600.00**

Date of Receipt
12 / 21 / 2012
Transaction ID : 11AI-75750
Amount of Each Receipt this Period
100.00

B. Bernard Feldman MD
Full Name (Last, First, Middle Initial)
Mailing Address 2421 E. 16th St., #3
City Newport Beach State CA Zip Code 92663
FEC ID number of contributing federal political committee. **C**
Name of Employer Bernard Feldman, MD Occupation Physician
Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **600.00**

Date of Receipt
11 / 29 / 2012
Transaction ID : 11AI-75782
Amount of Each Receipt this Period
250.00

C. Michael Gales MD
Full Name (Last, First, Middle Initial)
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: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **350.00**

Date of Receipt
12 / 12 / 2012
Transaction ID : 11AI-75754
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **450.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 8 OF 14
(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 Federal Political Action Committee

A. Marc Gutin MD
 Full Name (Last, First, Middle Initial)
 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, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : 11AI-75749
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 350.00

B. Richard Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45848 Palmetto Way
 City Temecula State CA Zip Code 92592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richard Harris, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 11AI-75933
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 350.00

C. Andrew Sew Hoy MD
 Full Name (Last, First, Middle Initial)
 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, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 11AI-75867
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 1100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

A. Sten Kramer MD
Full Name (Last, First, Middle Initial)
Mailing Address 1401 Avocado Ave Ste 307

City Newport Beach	State CA	Zip Code 92660
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sten Kramer, MD	Occupation Physician
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Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : 11AI-75896

Amount of Each Receipt this Period

100.00

B. Ari Marshall MD
Full Name (Last, First, Middle Initial)
Mailing Address 21735 Laurelrim Dr Unit C

City Diamond Bar	State CA	Zip Code 91765
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ari Marshall, MD	Occupation Physician
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Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

Transaction ID : 11AI-75775

Amount of Each Receipt this Period

50.00

C. James Meaglia MD
Full Name (Last, First, Middle Initial)
Mailing Address 25200 La Paz Rd Ste 200

City Laguna Hills	State CA	Zip Code 92653
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FEC ID number of contributing federal political committee. **C**

Name of Employer James Meaglia, MD	Occupation Physician
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Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

Transaction ID : 11AI-75860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

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

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

Name of Employer Lee Sadjia, MD	Occupation Physician
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Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : 11AI-75817

Amount of Each Receipt this Period

100.00

B. Thomas Satrom MD
Full Name (Last, First, Middle Initial)
Mailing Address 647 Wellesley Drive

City Claremont	State CA	Zip Code 91711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Thomas Satrom, MD	Occupation Physician
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Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2012

Transaction ID : 11AI-75799

Amount of Each Receipt this Period

100.00

C. James Shafer MD
Full Name (Last, First, Middle Initial)
Mailing Address 203 W. Badillo St.

City Covina	State CA	Zip Code 91723
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FEC ID number of contributing federal political committee. **C**

Name of Employer James Shafer, MD	Occupation Physician
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Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

Transaction ID : 11AI-75745

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Umesh Shah MD		Date of Receipt
Mailing Address 12540 10th St # B		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Chino	State CA	Zip Code 91710
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 11AI-75911
Name of Employer Umesh Shah, MD		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="250.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year		

Full Name (Last, First, Middle Initial) B. Vinayak Shanbhag MD		Date of Receipt
Mailing Address 810 W. La Veta		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Orange	State CA	Zip Code 92868
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 11AI-75845
Name of Employer Vinayak Shanbhag, MD		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="100.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year		

Full Name (Last, First, Middle Initial) C. Bahnam Thomas MD		Date of Receipt
Mailing Address 3431 Lake Shore Ave		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Fallbrook	State CA	Zip Code 92028
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 11AI-75936
Name of Employer Bahnam Thomas, MD		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="250.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Dwight Wymore MD		Date of Receipt
Mailing Address 27336 Sunnyridge Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Palos Verdes State CA Zip Code 90274		Transaction ID : 11AI-75739
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Dwight Wymore, MD Occupation Physician		<input type="text" value="100.00"/>
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Calendar Year"/>		Aggregate Year-to-Date ▼
		<input type="text" value="450.00"/>

Full Name (Last, First, Middle Initial) B. Anni Yue MD		Date of Receipt
Mailing Address 20405 Covina Hills Road, E		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City Covina State CA Zip Code 91724		Transaction ID : 11AI-75946
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Anni Yue, MD Occupation Physician		<input type="text" value="100.00"/>
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Calendar Year"/>		Aggregate Year-to-Date ▼
		<input type="text" value="350.00"/>

Full Name (Last, First, Middle Initial) C. Candido Zareno MD		Date of Receipt
Mailing Address 3418 Ayars Canyon Way		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Glendale State CA Zip Code 91208		Transaction ID : 11AI-75804
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Candido Zareno, MD Occupation Physician		<input type="text" value="100.00"/>
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Calendar Year"/>		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="4700.00"/>