

# 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 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),  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 05 01 2011 through 05 31 2011

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 06 08 2011

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								<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		107463.22
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	109085.22									
(c) Total Receipts (from Line 19) .....	13210.00	31632.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122295.22	139095.22								
7. Total Disbursements (from Line 31) .....	13550.00	30350.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	108745.22	108745.22								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

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) .....	8450.00	8950.00
(ii) Unitemized .....	4760.00	22682.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13210.00	31632.00
(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) .....	13210.00	31632.00
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)) .....	13210.00	31632.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13210.00	31632.00

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.....	13550.00	30350.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
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))..	13550.00	30350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13550.00	30350.00

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) .....	13210.00	31632.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13210.00	31632.00
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 / 18  
(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)  
Fred Adams, MD

Mailing Address 1400 Florida Ave # 205 A

City Modesto State CA Zip Code 95350

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

Name of Employer Fred Adams, MD Occupation Physician

Receipt For: 2011  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt 05 / 25 / 2011  
**Transaction ID: 11AI-74794**  
 Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Frank Candela, MD

Mailing Address 7320 Woodlake Ave STE 380

City West Hills State CA Zip Code 91307

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

Name of Employer Frank Candela, MD Occupation Physician

Receipt For: 2011  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 05 / 20 / 2011  
**Transaction ID: 11AI-74809**  
 Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dennis Chan, MD

Mailing Address 500 N. Garfield Ave Ste 107

City Monterey Park State CA Zip Code 91754

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

Name of Employer Dennis Chan, MD Occupation Physician

Receipt For: 2011  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt 05 / 24 / 2011  
**Transaction ID: 11AI-74750**  
 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 / 18  
(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.** Full Name (Last, First, Middle Initial)  
Boyd Flinders, MD  
 Mailing Address 2701 W Alameda Ave Ste 504  
 City State Zip Code  
 Burbank CA 91505  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 1 1  
**Transaction ID:** 11AI-74799  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Boyd Flinders, MD Physician  
 Receipt For: 2011  
 Primary    General  
 Other (specify) **▼**  
 Calendar Year  
 Aggregate Year-to-Date **▼**  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Sergio Fuenzalida, MD  
 Mailing Address 850 S. Atlantic Blvd., #103  
 City State Zip Code  
 Monterey Park CA 91754  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 1 1  
**Transaction ID:** 11AI-74751  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sergio Fuenzalida, MD Physician  
 Receipt For: 2011  
 Primary    General  
 Other (specify) **▼**  
 Calendar Year  
 Aggregate Year-to-Date **▼**  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Gales, MD  
 Mailing Address 11847 Wilshire Ste #303  
 City State Zip Code  
 Los Angeles CA 90025  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 1 1  
**Transaction ID:** 11AI-74817  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Michael Gales, MD Physician  
 Receipt For: 2011  
 Primary    General  
 Other (specify) **▼**  
 Calendar Year  
 Aggregate Year-to-Date **▼**  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Gazzaniga, MD		Date of Receipt MM / DD / YYYY 05 / 20 / 2011		
	Mailing Address 301 W. Bastanchury #180		<b>Transaction ID:</b> 11AI-74814		
	City Fullerton	State CA	Zip Code 92835	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Michael Gazzaniga, MD	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year					

<b>B.</b>	Full Name (Last, First, Middle Initial) Saleh Hamdan, MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2011		
	Mailing Address 5817 Temple City Blvd.		<b>Transaction ID:</b> 11AI-74753		
	City Temple City	State CA	Zip Code 91780	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Saleh Hamdan, MD	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year					

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah Heaps, MD		Date of Receipt MM / DD / YYYY 05 / 19 / 2011		
	Mailing Address 20659 Chatsboro Drive		<b>Transaction ID:</b> 11AI-74810		
	City Woodland Hills	State CA	Zip Code 91364	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Deborah Heaps, MD	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year					

**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 9 / 18  
(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.** Full Name (Last, First, Middle Initial)  
Robert Kotler, MD  
 Mailing Address 436 N. Bedford Dr Ste 201  
 City State Zip Code  
 Beverly Hills CA 90210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robert Kotler, MD Occupation Physician  
 Receipt For: 2011  
 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 5 / 2 4 / 2 0 1 1  
**Transaction ID: 11AI-74805**  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Labowe, MD  
 Mailing Address 100 Ucla Medical Plaza, #747  
 City State Zip Code  
 Los Angeles CA 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mark Labowe, MD Occupation Physician  
 Receipt For: 2011  
 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 5 / 2 0 / 2 0 1 1  
**Transaction ID: 11AI-74802**  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Truong-sinh Leduc, MD  
 Mailing Address 11160 Warner Ave Ste 101  
 City State Zip Code  
 Fountain Valley CA 92708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Truong-Sinh Leduc, MD Occupation Physician  
 Receipt For: 2011  
 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 5 / 1 9 / 2 0 1 1  
**Transaction ID: 11AI-74769**  
 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 10 / 18
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Xuanto Leduc, MD		Date of Receipt MM / DD / YYYY 05 / 19 / 2011		
	Mailing Address 11160 Warner Ave Ste 101		<b>Transaction ID:</b> 11AI-74757		
	City Fountain Valley	State CA	Zip Code 92708	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Xuanto Leduc, MD	Occupation Physician			
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Aggregate Year-to-Date 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Florante Luzano, MD		Date of Receipt MM / DD / YYYY 05 / 26 / 2011		
	Mailing Address 3801 Katella Ave., #223		<b>Transaction ID:</b> 11AI-74816		
	City Los Alamitos	State CA	Zip Code 90720	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Florante Luzano, MD	Occupation Physician			
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Aggregate Year-to-Date 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dunja Maglica, MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2011		
	Mailing Address 4020 Via Pavion		<b>Transaction ID:</b> 11AI-74796		
	City Palos Verdes Estat	State CA	Zip Code 90274	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Dunja Maglica, MD	Occupation Physician			
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Aggregate Year-to-Date 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 Occupation  
Rolando Mercader, MD Physician

Receipt For: 2011  
 Primary  General  
 Other (specify) **Calendar Year**  
 Aggregate Year-to-Date **350.00**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
0 5 / 2 4 / 2 0 1 1

Transaction ID: 11AI-74763

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Samuel Zev Nathan, MD

Mailing Address 1335 State St.

City State Zip Code  
Santa Barbara CA 93101

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

Name of Employer Occupation  
Samuel Zev Nathan, MD Physician

Receipt For: 2011  
 Primary  General  
 Other (specify) **Calendar Year**  
 Aggregate Year-to-Date **250.00**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: 11AI-74766

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 Occupation  
Leonard Newman, MD Physician

Receipt For: 2011  
 Primary  General  
 Other (specify) **Calendar Year**  
 Aggregate Year-to-Date **250.00**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
0 5 / 1 9 / 2 0 1 1

Transaction ID: 11AI-74795

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: (check only one)	PAGE 12 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Yunchul Pak, MD		Date of Receipt
	Mailing Address 1433 W. Merced Ave., #205		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 1
	City	State	Zip Code
	West Covina	CA	91790
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11AI-74808
Name of Employer Yunchul Pak, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Calendar Year		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Franklin Rumore, MD		Date of Receipt
	Mailing Address 2505 Samaritan Drive, #603		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 1 1
	City	State	Zip Code
	San Jose	CA	95124
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11AI-74787
Name of Employer Franklin Rumore, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Calendar Year		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth Schemmer, MD		Date of Receipt
	Mailing Address 811 Wildrose Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Brea	CA	92821
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 11AI-74819
Name of Employer Kenneth Schemmer, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Calendar Year		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> 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 13 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Strebig, MD

Mailing Address 4050 Barranca Pkwy., #250

City State Zip Code  
Irvine CA 92604

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

Name of Employer Occupation  
James Strebig, MD Physician

Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date   
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: 11AI-74790

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Swanson, MD

Mailing Address 23560 Madison St Ste 101

City State Zip Code  
Torrance CA 90505

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

Name of Employer Occupation  
Linda Swanson, MD Physician

Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date   
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 1

Transaction ID: 11AI-74767

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jose Terz, MD

Mailing Address 700 S Lake #206

City State Zip Code  
Pasadena CA 91106

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

Name of Employer Occupation  
Jose Terz, MD Physician

Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date   
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 1

Transaction ID: 11AI-74804

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18  
(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.** Full Name (Last, First, Middle Initial)  
Bahnam Thomas, MD

Mailing Address 3431 Lake Shore Ave

City State Zip Code  
Fallbrook CA 92028

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

Name of Employer Bahnam Thomas, MD      Occupation Physician

Receipt For: 2011  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 1 1

**Transaction ID:** 11AI-74778

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Tradonsky, MD

Mailing Address 7485 Mission Valley Road, Ste

City State Zip Code  
San Diego CA 92108

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

Name of Employer Steven Tradonsky, MD      Occupation Physician

Receipt For: 2011  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 0 / 2 0 1 1

**Transaction ID:** 11AI-74752

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
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: 2011  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 1 1

**Transaction ID:** 11AI-74793

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 / 18  
(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.** Full Name (Last, First, Middle Initial)  
Patrick Wade, MD

Mailing Address 1016 E. Broadway #100

City State Zip Code  
Glendale CA 91205

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

Name of Employer: Patrick Wade, MD   Occupation: Physician

Receipt For: 2011  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 500.00

Date of Receipt: 05 / 26 / 2011  
**Transaction ID: 11AI-74749**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Wagmeister, MD

Mailing Address 2001 Santa Monica Blvd., #690W

City State Zip Code  
Santa Monica CA 90404

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

Name of Employer: Robert Wagmeister, MD   Occupation: Physician

Receipt For: 2011  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt: 05 / 19 / 2011  
**Transaction ID: 11AI-74743**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dwight Wymore, MD

Mailing Address 27336 Sunnyridge Road

City State Zip Code  
Palos Verdes CA 90274

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

Name of Employer: Dwight Wymore, MD   Occupation: Physician

Receipt For: 2011  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 300.00

Date of Receipt: 05 / 24 / 2011  
**Transaction ID: 11AI-74756**  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 18	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Yun, MD		Date of Receipt																					
	Mailing Address 22353 N. Summit Ridge Circle		<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>0</td><td>5</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	3	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5	/	2	3	/	2	0	1	1														
	City	State	Zip Code		<b>Transaction ID:</b> 11AI-74811																			
	Chatsworth	CA	91311																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Robert Yun, MD		Occupation Physician		<input type="text" value="250.00"/>																				
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="8450.00"/>



# 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)

<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 Federal Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Democratic Senatorial Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar year</p>	<p><b>Transaction ID:</b> 23-607 <b>Date of Disbursement</b> 05 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Free and Strong America PAC, Inc.</p> <p>Mailing Address 515 S. Figueroa Street, 16th Floor</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Free and Strong America PAC, Inc.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar year</p>	<p><b>Transaction ID:</b> 23-606 <b>Date of Disbursement</b> 05 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brian Bilbray for Congress</p> <p>Mailing Address 18144 Via de Fortuna</p> <p>City Rancho Santa Fe State CA Zip Code 92067</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Brian Bilbray</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 23-608 <b>Date of Disbursement</b> 05 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10750.00

**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)

<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 Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Mary Bono Mack Committee

Transaction ID: 23-605

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	1

Mailing Address PO Box 3370

Amount of Each Disbursement this Period

1500.00
---------

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
Mary Bono Mack

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

B.

Full Name (Last, First, Middle Initial)  
Campbell for Congress

Transaction ID: 23-610

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Mailing Address 2125 Loma Verde

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Fullerton CA 92833

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
John B Campbell, III

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

C.

Full Name (Last, First, Middle Initial)  
Schiff for Congress

Transaction ID: 23-609

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Mailing Address 15 South Raymond Ave, #204

Amount of Each Disbursement this Period

300.00
--------

City State Zip Code  
Pasadena CA 91105

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
Adam Schiff

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

SUBTOTAL of Disbursements This Page (optional) .....

2800.00

TOTAL This Period (last page this line number only) .....

13550.00