

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

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 Rebecca Olson

Signature of Treasurer

Rebecca Olson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 09 2013

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)

Page 2

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		102525.22
(b) Cash on Hand at Beginning of Reporting Period.....	89526.22	
(c) Total Receipts (from Line 19)	11426.00	37427.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	100952.22	139952.22
7. Total Disbursements (from Line 31)	9500.00	48500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91452.22	91452.22
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:

 M M / D D / Y Y Y Y
 06 / 01 / 2013

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2013
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).....

8300.00

15300.00

(ii) Unitemized

3126.00

22127.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11426.00

37427.00

(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) ▶

11426.00

37427.00

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)) ▶

11426.00

37427.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

11426.00

37427.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	9500.00	48500.00
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	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) 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)) ..	9500.00	48500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	48500.00

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)	11426.00	37427.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11426.00	37427.00
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:
(check only one)

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Yeong Ahn MD

Mailing Address 2622 Timerlake Drive

City State Zip Code
 La Crescenta CA 91214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yeong Ahn, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2013

Transaction ID : 11AI-76229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ashim Arora MD

Mailing Address 158 Macaw Lane

City State Zip Code
 Simi Valley CA 93065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ashim Arora, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bahram Bahrami MD

Mailing Address 2934 Ingelow St

City State Zip Code
 San Diego CA 92106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bahram Bahrami, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76245

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. M. Aslam Barra MD

Mailing Address 930 Sunnyslope Road, Ste E-1

City State Zip Code
Hollister CA 95023

FEC ID number of contributing
federal political committee.

C

Name of Employer

M. Aslam Barra, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George Bernales MD

Mailing Address 2766 E. Florence Ave.

City State Zip Code
Huntington Park CA 90255

FEC ID number of contributing
federal political committee.

C

Name of Employer

George Bernales, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76243

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin Booth MD

Mailing Address 5725 W. Las Positas Blvd., #20

City State Zip Code
Pleasanton CA 94588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kevin Booth, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76203

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Humberto Galleno MD

Mailing Address 315 N. Third Ave., #302

City State Zip Code
Covina CA 91723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Humberto Galleno, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Felicitas Halili MD

Mailing Address 19929 Christina Circle

City State Zip Code
Cerritos CA 90703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Felicitas Halili, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Kim MD

Mailing Address 4201 Torrance Blvd Ste 190

City State Zip Code
Torrance CA 90503

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Kim, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76213

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Klevens MD

Mailing Address 15021 Ventura Blvd Ste 882

City State Zip Code
Sherman Oaks CA 91403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stephen Klevens, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General

☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76240

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Klieman MD

Mailing Address 15141 E Whittier Blvd Suite

City State Zip Code
Whittier CA 90603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charles Klieman, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General

☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Lagrelius MD

Mailing Address 23451 Madison St Ste 140

City State Zip Code
Torrance CA 90505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas LaGrelus, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General

☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 07 / 2013

Transaction ID : 11AI-76196

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Seymour Levine MD

Mailing Address 150 N Robertson Blvd # 350

City State Zip Code
 Beverly Hills CA 90211

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Seymour Levine, MD

Occupation
 Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : 11AI-76202

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Zena Levine MD

Mailing Address 14911 National Ave Ste # 4

City State Zip Code
 Los Gatos CA 95032

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Zena Levine, MD

Occupation
 Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : 11AI-76225

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Loddengaard MD

Mailing Address 23456 Hawthorne Blvd Ste 300

City State Zip Code
 Torrance CA 90505

FEC ID number of contributing
federal political committee.

C

Name of Employer

James Loddengaard, MD

Occupation
 Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : 11AI-76195

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rolando Mercader MD

Mailing Address 166 S. Alvarado St., #106

City State Zip Code
 Los Angeles CA 90057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rolando Mercader, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76255

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Fernando Montelongo MD

Mailing Address 932 E. Chapman

City State Zip Code
 Orange CA 92866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fernando Montelongo, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Narindar Nat MD

Mailing Address 27141 Hidaway Ave Ste 200

City State Zip Code
 Canyon Country CA 91351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Narindar Nat, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76220

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Nourse

Mailing Address 900 Sea Wind Ct

City State Zip Code
 Carlsbad CA 92011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Randall Nourse, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : 11AI-76206

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ralph Riffenburgh MD

Mailing Address 10 Congress St., #340

City State Zip Code
 Pasadena CA 91105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ralph Riffenburgh, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : 11AI-76226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis Sanchez MD

Mailing Address 3529 Firestone Blvd.

City State Zip Code
 South Gate CA 90280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dennis Sanchez, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : 11AI-76252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew Smith MD

Mailing Address 16100 Sand Canyon #230

City State Zip Code
Irvine CA 92618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andrew Smith, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76208

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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

James Strebig, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76249

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Garo Tertzakian MD

Mailing Address 1801 N. Broadway

City State Zip Code
Santa Ana CA 92706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garo Tertzakian, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 11AI-76228

Amount of Each Receipt this Period

500.00

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:
(check only one)

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Francisco Tirol MD

Mailing Address P O Box 439

City State Zip Code
 El Centro CA 92244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Francisco Tirol, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : 11AI-76242

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ruth Topacio MD

Mailing Address 18212 San Gabriel Ave

City State Zip Code
 Cerritos CA 90703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ruth Topacio, MD

Occupation

Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : 11AI-76231

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Wagmeister MD

Mailing Address 2001 Snata Mon ica Blvd. #670W

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: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : 11AI-76236

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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)

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandra Wallace MD

Mailing Address 50 Alessandro Pl # 360

City State Zip Code
Pasadena CA 91105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandra Wallace, MD

Occupation
Physician

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2013

Transaction ID : 11AI-76258

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

8300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for Senate

Mailing Address PO Box 7272

City	State	Zip Code
Alexandria	VA	22307

Purpose of Disbursement
Political Contribution

011

Candidate Name

Bill CassidyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2013

Transaction ID : 23-728

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hagan for US Senate

Mailing Address PO BOX 29103

City	State	Zip Code
Greensboro	NC	27429

Purpose of Disbursement
Political Contribution

011

Candidate Name

Kay HaganCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2013

Transaction ID : 23-732

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Mary Landrieu, Inc.

Mailing Address 700 13th St NW, Ste 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Political Contribution

011

Candidate Name

Mary LandrieuCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2013

Transaction ID : 23-733

Amount of Each Disbursement this Period

500.00

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

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary Miller for Congress

Mailing Address 721 S Brea Canyon Rd # 7

City	State	Zip Code
Diamond Bar	CA	91789

Purpose of Disbursement
Political Contribution

011

Candidate Name

Gary MillerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 42

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

Transaction ID : 23-730

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz for Congress 2014 Committee

Mailing Address 72925 Fred Waring Dr, #201

City	State	Zip Code
Palm Desert	CA	92260

Purpose of Disbursement
Political Contribution

011

Candidate Name

Raul RuizCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

Transaction ID : 23-729

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Jean Shaheen

Mailing Address 105 N State St

City	State	Zip Code
Concord	NH	03301

Purpose of Disbursement
Political Contribution

011

Candidate Name

Jean ShaheenCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

Transaction ID : 23-734

Amount of Each Disbursement this Period

500.00

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

6000.00

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

9500.00
