

**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

10

16

2008

through

11

24

2008

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

Type or Print Name of Treasurer

Kirk Alan Pessner

Signature of Treasurer

Electronically Filed by Kirk Alan Pessner

Date

12

04

2008

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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		140999.47
(b) Cash on Hand at Beginning of Reporting Period	177544.47	
(c) Total Receipts (from Line 19)	6800.00	110543.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	184344.47	251542.47
7. Total Disbursements (from Line 31)	135400.00	202598.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48944.47	48944.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 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
1	0	1	6	2	0	0	8

To:

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

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	4600.00	58375.02
(i) Itemized (use Schedule A)	2200.00	49667.98
(ii) Unitemized	6800.00	108043.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	6800.00	108043.00
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	2500.00
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))	6800.00	110543.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6800.00	110543.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		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.....		2400.00	69598.00
24. Independent Expenditure (use Schedule E)		132500.00	132500.00
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		500.00	500.00
(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))		500.00	500.00
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))..		135400.00	202598.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		135400.00	202598.00

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)	6800.00	108043.00
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6300.00	107543.00
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)

PAGE 6 / 14

☒ 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)

Reuel Asinas, MD

Mailing Address 27164 Bidwell Lane

City

Valencia

State

CA

Zip Code

91354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reuel Asinas, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72656

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

M. Aslam Barra, MD

Mailing Address 930 Sunnyslope Road, Ste E-1

City

Hollister

State

CA

Zip Code

95023

FEC ID number of contributing
federal political committee.

C

Name of Employer
M. Aslam Barra, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72660

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Yong Chung, MD

Mailing Address 43619 N. 17th St W. #205

City

Lancaster

State

CA

Zip Code

93534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yong Chung, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72665

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 7 / 14

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☐ 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)

Richard Engel, MD

Mailing Address 332 South Juniper #108

City

Escondido

State

CA

Zip Code

92025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard Engel, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: 11ai-72647

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Howard, MD

Mailing Address 7301 Medical Center Dr Ste 1

City

West Hills

State

CA

Zip Code

91307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Howard, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-72650

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Kim, MD

Mailing Address 4201 Torrance Blvd., #190

City

Torrance

State

CA

Zip Code

90503

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Kim, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72663

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 14

<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)

William Klope, MD

Mailing Address 2755 Loma Vista Rd

City

Ventura

State

CA

Zip Code

93003

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Klope, MDOccupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 11ai-72658

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Miguel Lascano, MD

Mailing Address 1524 27th St #405

City

Bakersfield

State

CA

Zip Code

93301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miguel Lascano, MDOccupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 11ai-72667

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ronald Nagel, MD

Mailing Address 8920 Wilshire Blvd., #620

City

Beverly Hills

State

CA

Zip Code

90211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ronald Nagel, MDOccupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: 11ai-72653

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 9 / 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.

Full Name (Last, First, Middle Initial)

Suresh Nayak, MD

Mailing Address 200 Jose Figueres Ave #305

City

San Jose

State

CA

Zip Code

95116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suresh Nayak, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72655

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jack Nichols, MD

Mailing Address 1230 East St.

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: 2008

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

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: 11ai-72646

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard Smith, MD

Mailing Address 1350 West Sixth St., #2

City

San Pedro

State

CA

Zip Code

90732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard Smith, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72664

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 10 / 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.

Full Name (Last, First, Middle Initial)

Mitchell Solomon, MD

Mailing Address 11511 Wildflower Ct

City

Moorpark

State

CA

Zip Code

93021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitchell Solomon, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72662

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dennis Thompson, MD

Mailing Address 1301 20th St. Ste 460

City

Santa Monica

State

CA

Zip Code

90404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dennis Thompson, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 8

Transaction ID: 11ai-72637

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael Waldman, MD

Mailing Address 2092 Salt Air Drive

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael Waldman, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: 11ai-72648

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 11 / 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.

Full Name (Last, First, Middle Initial)

Darryl Werner, MD

Mailing Address 720 N. Tustin Ave., #100

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Darryl Werner, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72666

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. Michael Wormley, MD

Mailing Address 210 S. Grand #214

City

Glendora

State

CA

Zip Code

91740

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Michael Wormley, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72670

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Anni Yue, MD

Mailing Address 20405 Covina Hills Road, E

City

Covina

State

CA

Zip Code

91724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anni Yue, MD

Occupation
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-72659

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)

4600.00

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 12 / 14

<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)

Chambliss for Senate

Mailing Address 100 Galleria Parkway # 605

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Political Contribution

Candidate Name
Saxby Chambliss

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff

Transaction ID: 23-505

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Hunter for Congress

Mailing Address 9340 Fuerte Dr # 302

City La Mesa State CA Zip Code 91941-4164

Purpose of Disbursement
Political Contribution

Candidate Name
Duncan Hunter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 52

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 23-504

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

2400.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

William May, MD

Mailing Address 9209 Colima Road, #2000

City
Whittier

State
CA

Zip Code
90605

Purpose of Disbursement
Refund of Contrib dtd 10/1/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 28a-506

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Cooperative of American Physicians Federal Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00161604 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Transaction ID: E-503	
Full Name (Last, First, Middle, Initial) of Payee Voter Strategies		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 78-710 Avenida Nuestra		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">120000.00</div>	
City State Zip Code La Quinta CA 92253		Office Sought: <input type="checkbox"/> House State: OR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure TV Media Buy		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">011</div>	
Name of Federal Candidate supported or Opposed by expenditure: Jeff Merkley		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">132500.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Upgrade Films		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 3299 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12500.00</div>	
City State Zip Code Washington DC 20007		Office Sought: <input type="checkbox"/> House State: OR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure TV Spot Production		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">011</div>	
Name of Federal Candidate supported or Opposed by expenditure: Jeff Merkley		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">132500.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">132500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">132500.00</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Kirk Alan Pessner Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	