

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-Mutual Protection Trust (CAP-MPT) Federal PAC

ADDRESS (number and street) 333 S. Hope Street, 8th Floor Los Angeles CA 90071 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 12 01 2007 through 12 31 2007

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 01 21 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-Mutual Protection Trust (CAP-MPT) Federal PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		81508.47
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	116499.47									
(c) Total Receipts (from Line 19)	32500.00	124540.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	148999.47	206048.47								
7. Total Disbursements (from Line 31)	8000.00	65049.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140999.47	140999.47								
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**

Write or Type Committee Name

Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	8450.00	52015.00
(i) Itemized (use Schedule A)	24050.00	72525.00
(ii) Unitemized	32500.00	124540.00
(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)	32500.00	124540.00
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))	32500.00	124540.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32500.00	124540.00

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)		
(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.....	8000.00	63549.00
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	1500.00
(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	1500.00
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))..	8000.00	65049.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	65049.00

DETAILED SUMMARY PAGE
of Disbursements

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	32500.00	124540.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32500.00	123040.00
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 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial)
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: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **350.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	7

Transaction ID: 11ai-71649

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David Bender, MD

Mailing Address 10921 Wilshire Blvd., #602

City State Zip Code
Los Angeles CA 90024

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

Name of Employer David Bender, MD Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **300.00**

Date of Receipt

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

Transaction ID: 11ai-71776

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Daniel Borenstein, MD

Mailing Address 151 N. Canyon View Drive

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Daniel Borenstein, MD Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **400.00**

Date of Receipt

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

Transaction ID: 11ai-71829

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **450.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

A.	Full Name (Last, First, Middle Initial) Paul Brower, MD		Date of Receipt MM / DD / YYYY 12 / 05 / 2007		
	Mailing Address 25200 La Paz Road, #200		Transaction ID: 11ai-71655		
	City Laguna Hills	State CA	Zip Code 92653	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Paul Brower, MD	Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 600.00			

B.	Full Name (Last, First, Middle Initial) Paul Brower, MD		Date of Receipt MM / DD / YYYY 12 / 18 / 2007		
	Mailing Address 25200 La Paz Road, #200		Transaction ID: 11ai-71753		
	City Laguna Hills	State CA	Zip Code 92653	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Paul Brower, MD	Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 600.00			

C.	Full Name (Last, First, Middle Initial) Jitka Civrna, MD		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 74000 Country Club Drive, #G2		Transaction ID: 11ai-71905		
	City Palm Desert	State CA	Zip Code 92260	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jitka Civrna, MD	Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 450.00			

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

A.	Full Name (Last, First, Middle Initial) Robert Cole, MD		Date of Receipt
	Mailing Address 2121 Wilshire Blvd., #302		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Santa Monica	CA	90403
	FEC ID number of contributing federal political committee. C		Transaction ID: 11ai-71715
Name of Employer Robert Cole, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <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"/> 100.00
		<input type="text"/> 550.00	

B.	Full Name (Last, First, Middle Initial) James Daniel, MD		Date of Receipt
	Mailing Address 150 N. Robertson Blvd., #350		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Beverly Hills	CA	90211
	FEC ID number of contributing federal political committee. C		Transaction ID: 11ai-71886
Name of Employer James Daniel, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <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"/> 100.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) David Davis, MD		Date of Receipt
	Mailing Address 20101 Sw Birch St., #100		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Newport Beach	CA	92660
	FEC ID number of contributing federal political committee. C		Transaction ID: 11ai-71705
Name of Employer David Davis, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <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"/> 100.00
		<input type="text"/> 450.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial) Tony Deeths, MD		Date of Receipt MM / DD / YYYY 12 / 20 / 2007
Mailing Address 1817 Truxtun Ave.		Transaction ID: 11 ai-71800
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tony Deeths, MD	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Boyd Flinders, MD		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 2701 W. Alameda Ave., #507		Transaction ID: 11 ai-71921
City Burbank	State CA	Zip Code 91505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Boyd Flinders, MD	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Boyd Flinders, MD		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address 2701 W. Alameda Ave., #507		Transaction ID: 11 ai-71659
City Burbank	State CA	Zip Code 91505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boyd Flinders, MD	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial)
James Grimes, MD

Mailing Address 17400 Irvine Blvd., #F

City State Zip Code
Tustin CA 92780

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

Name of Employer James Grimes, 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
1	2	/	1	8	/	2	0	0	7

Transaction ID: 11ai-71771

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Felicitas Hallii, MD

Mailing Address 6943 Roundup Way

City State Zip Code
Orange CA 92669

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

Name of Employer Felicitas Hallii, 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
1	2	/	0	4	/	2	0	0	7

Transaction ID: 11ai-71652

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Susan Hammar, MD

Mailing Address 2211 W. Magnolia Blvd., #210

City State Zip Code
Burbank CA 91506

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

Name of Employer Susan Hammar, 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
1	2	/	0	4	/	2	0	0	7

Transaction ID: 11ai-71651

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial)
I. Anneli Hanna, MD

Mailing Address 42525 Rancho Mirage Lane

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer I. Anneli Hanna, MD Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt 12 / 19 / 2007
Transaction ID: 11ai-71928
 Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Robert Improta, MD

Mailing Address 2460 Ponderosa Drive, N. #A-1

City Camarillo State CA Zip Code 93010

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

Name of Employer Robert Improta, MD Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 300.00

Date of Receipt 12 / 27 / 2007
Transaction ID: 11ai-71876
 Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
John Kiely, MD

Mailing Address PO Box 189

City Watsonville State CA Zip Code 95077

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

Name of Employer John Kiely, MD Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt 12 / 18 / 2007
Transaction ID: 11ai-71759
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martha Kirkpatrick, MD

Mailing Address 988 Bluegrass Lane

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
Martha Kirkpatrick, MD Physician

Receipt For: 2008
 Primary General
 Other (specify) **Calendar Year**
Aggregate Year-to-Date **250.00**

Date of Receipt

12 / 18 / 2007

Transaction ID: 11ai-71777

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Kolegraff, MD

Mailing Address 2428 Castillo St., #C

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
David Kolegraff, MD Physician

Receipt For: 2008
 Primary General
 Other (specify) **Calendar Year**
Aggregate Year-to-Date **300.00**

Date of Receipt

12 / 21 / 2007

Transaction ID: 11ai-71833

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Miguel Lascano, MD

Mailing Address 1524 27th St #405

City State Zip Code
Bakersfield CA 93301

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

Name of Employer Occupation
Miguel Lascano, MD Physician

Receipt For: 2008
 Primary General
 Other (specify) **Calendar Year**
Aggregate Year-to-Date **350.00**

Date of Receipt

12 / 18 / 2007

Transaction ID: 11ai-71766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial)
David Levinsohn, MD

Mailing Address 700 West Harbor Drive, #601

City State Zip Code
San Diego CA 92101

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

Name of Employer David Levinsohn, 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
1	2	/	0	5	/	2	0	0	7

Transaction ID: 11ai-71656

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Roya Maani, MD

Mailing Address 18120 Jaguar Court

City State Zip Code
Tarzana CA 91335

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

Name of Employer Roya Maani, 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
1	2	/	1	2	/	2	0	0	7

Transaction ID: 11ai-71689

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Alan Marco, MD

Mailing Address 5007 Roma Court

City State Zip Code
Marina Del Rey CA 90292

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

Name of Employer Alan Marco, 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
1	2	/	1	2	/	2	0	0	7

Transaction ID: 11ai-71672

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial)
Eric Millstein, MD

Mailing Address 2080 Century Park East #1500

City State Zip Code
Los Angeles CA 90067

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

Name of Employer Eric Millstein, 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
1	2	/	0	5	/	2	0	0	7

Transaction ID: 11ai-71654

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Beth Morre, MD

Mailing Address 8737 Beverly Blvd., #402

City State Zip Code
Los Angeles CA 90048

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

Name of Employer Beth Morre, 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
1	2	/	1	0	/	2	0	0	7

Transaction ID: 11ai-71658

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John Munro, MD

Mailing Address 316 Bethany Curve

City State Zip Code
Santa Cruz CA 95060

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

Name of Employer John Munro, 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
1	2	/	1	8	/	2	0	0	7

Transaction ID: 11ai-71784

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 15 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

A.	Full Name (Last, First, Middle Initial) Suresh Nayak, MD		Date of Receipt MM / DD / YYYY 12 / 18 / 2007		
	Mailing Address 303 N. 15th St., #D		Transaction ID: 11ai-71779		
	City San Jose	State CA	Zip Code 95112	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Suresh Nayak, MD	Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 250.00			

B.	Full Name (Last, First, Middle Initial) Farshad Nosratian, MD		Date of Receipt MM / DD / YYYY 12 / 18 / 2007		
	Mailing Address 4477 118th St., #501		Transaction ID: 11ai-71762		
	City Hawthorne	State CA	Zip Code 90250	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Farshad Nosratian, MD	Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 250.00			

C.	Full Name (Last, First, Middle Initial) Michelle Oliveira, MD		Date of Receipt MM / DD / YYYY 12 / 04 / 2007		
	Mailing Address 801 Amberwood Way		Transaction ID: 11ai-71653		
	City San Ramon	State CA	Zip Code 94583	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Michelle Oliveira, MD	Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 325.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial) Mark Oyama, MD		Date of Receipt MM / DD / YYYY 12 / 20 / 2007
Mailing Address 1260 15th St., #802		Transaction ID: 11ai-71825
City Santa Monica	State CA	Zip Code 90404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mark Oyama, MD	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

B.

Full Name (Last, First, Middle Initial) Jiun-Rong Peng, MD		Date of Receipt MM / DD / YYYY 12 / 27 / 2007
Mailing Address 280 S. Main St., #200		Transaction ID: 11ai-71871
City Orange	State CA	Zip Code 92868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jiun-Rong Peng, MD	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

C.

Full Name (Last, First, Middle Initial) Arturo Quintanilla, MD		Date of Receipt MM / DD / YYYY 12 / 04 / 2007
Mailing Address 35900 Bob Hope Drive., #140		Transaction ID: 11ai-71648
City Rancho Mirage	State CA	Zip Code 92270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arturo Quintanilla, MD	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 350.00	

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 17 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial)
Arnold Rappoport, MD

Mailing Address 5414 Heron Bay

City State Zip Code
Long Beach CA 90803

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

Name of Employer Occupation
Arnold Rappoport, MD Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
250.00

Date of Receipt
MM / DD / YYYY
12 / 05 / 2007

Transaction ID: 11ai-71657

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Craig Ross, MD

Mailing Address 16480 Harbor Blvd., #104

City State Zip Code
Fountain Valley CA 92708

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

Name of Employer Occupation
Craig Ross, MD Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
250.00

Date of Receipt
MM / DD / YYYY
12 / 27 / 2007

Transaction ID: 11ai-71882

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Maja Ruetschi, MD

Mailing Address 73121 Fred Waring Drive, Ste

City State Zip Code
Palm Desert CA 92260

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

Name of Employer Occupation
Maja Ruetschi, MD Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
350.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2007

Transaction ID: 11ai-71792

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial)
Thomas Satrom, MD

Mailing Address 647 Wellesley Drive

City State Zip Code
Claremont CA 91711

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

Name of Employer: Thomas Satrom, MD Occupation: Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 12 / 17 / 2007
Transaction ID: 11ai-71732
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Janet Schneider, MD

Mailing Address 10474 Colina Way

City State Zip Code
Los Angeles CA 90077

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

Name of Employer: Janet Schneider, MD Occupation: Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 12 / 17 / 2007
Transaction ID: 11ai-71738
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Hal Shimazu, MD

Mailing Address 456 29th St.

City State Zip Code
Manhattan Bch CA 90266

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

Name of Employer: Annette Bernhut-Caplin, M Occupation: Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 11ai-71932
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 21
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

A.

Full Name (Last, First, Middle Initial)
Hal Shimazu, MD

Mailing Address 456 29th St.

City State Zip Code
Manhattan Bch CA 90266

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

Name of Employer Annette Bernhut-Caplin, M Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 400.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 11ai-71930

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Hal Shimazu, MD

Mailing Address 456 29th St.

City State Zip Code
Manhattan Bch CA 90266

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

Name of Employer Annette Bernhut-Caplin, M Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 400.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 11ai-71931

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Hal Shimazu, MD

Mailing Address 456 29th St.

City State Zip Code
Manhattan Bch CA 90266

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

Name of Employer Annette Bernhut-Caplin, M Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 400.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 11ai-71929

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **300.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 21

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

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: 2008
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **1100.00**

Date of Receipt

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

Transaction ID: 11 ai-71768

Amount of Each Receipt this Period
500.00

B.

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: 2008
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **1100.00**

Date of Receipt

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

Transaction ID: 11 ai-71802

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)

Linda Swanson, MD

Mailing Address 23560 Madison St., #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: 2008
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **700.00**

Date of Receipt

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

Transaction ID: 11 ai-71673

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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-Mutual Protection Trust (CAP-MPT) Federal PAC

<p>A. 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</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Calendar year</p>	<p>Transaction ID: 23-460</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address 1203 Portner Rd</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Susan Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ME District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 23-462</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Pat Roberts for US Senate</p> <p>Mailing Address 515 So. Flower St. #3664</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Pat Roberts</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 23-461</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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