FEC FORM 3X	AN	EPORT O ND DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in f		EFEC MAILING LA		ample:If typing er the lines	, type			
				MPT) Federal F	PAC			
ADDRESS (number and	street)	33 S. Hope Street,	8th Floor					
Check if differ than previous reported. (AC	У "Г	os Angeles					90071 -	
2. FEC IDENTIFICA	TION NUMBER	× –	CITY 🛦		S	STATE	ZIPCOE	DE 🔺
C00161604			3. IS THIS REPORT		NEW N) OR	AM (A)	ENDED	
July 15 Quarterly October Quarterly January Quarterly July 31 M Report(N Year Onl	orts: 7 Report(Q1) 7 Report(Q2) 15 7 Report(Q3) 31 7 Report(YE) Mid-Year lon-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elec Report for (d) 30-Day Post -Ele Report for	the: Election on)	12C)	Sep 2	2G) in the State of	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T	reasurer	Kirk Alan Pessner	my knowledge	through			2007	
Signature of Treasurer NOTE : Submission of			an Pessner	ubject the pore		ate 01		2 0 0 8
Office Use							FEC FOR	W 3X
Only							(Rev. 12/200	14)

Image# 28930186459 FEC Form 3X (Rev. 02/2003)		SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2			
V	Write or Type Committee Name Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC					
F	Report Covering the Period: From:	12 01 2007	b. 12 0 0 7			
		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1 2007 ^Y Y]	81508.47			
	(b) Cash on Hand at Begining 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				

X 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

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DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name Cooperative of American Physicians-Mut	ual Protection Trust (CAP-MPT) Feder	al PAC
Report Covering the Period: From:	^M 0 1 Y Y W Y 0 1 2 0 0 7	To: ^{M M} ^{D D} ³ ¹ ² ² ⁰ ⁰ ⁷ ⁷ ⁹
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	8450.00	52015.00
(ii) Unitemized	24050.00	72525.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) P	32500.00	124540.00
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
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
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	0.00
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

Image# 28930186461

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
	II. DISBURSEMENTS	Total This Period	COLOMN B Calendar Year-to-Date
21. Oper	rating Expenditures:		
	Activity (from Schedule H4)	0.00	0.00
	(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
	sfers to Affiliated/Other Party mittees	0.00	0.00
3. Cont	ributions to		0.00
Fede	eral Candidates/Committees Other Political Committees	8000.00	63549.00
	pendent Expenditure	0.00	0.00
	Schedule E)	0.00	0.00
Com	mittees (2 U.S.C. 441a(d))	0.00	0.00
(use	Schedule F)		
6. Loan	Repayments Made	0.00	0.00
	IN Made	0.00	0.00
	Individuals/Persons Other	0.00	1500.00
	Than Political Committees		
(b)	Political Party Committees	0.00	0.00
()	Other Political Committees	0.00	0.00
	(such as PACs)	0:00	0.00
(d)	(add Lines 28(a), (b), and (c))	0.00	1500.00
9. Othe	er Disbursements	0.00	0.00
0 Fede	eral Election Activity (2 U.S.C 431(20))		
	Shared Federal Election Activity		
((from Schedule H6)	0.00	
	(i) Federal Share	0.00	0.00
	(ii) "I ovin" Shara	0.00	0.00
(b)	(ii) "Levin" Share		
	With Federal Funds	0.00	0.00
	Total Federal Election Activity (add		
(0)	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Tota	al Disbursements (add Lines 21(c), 22,		
23, 2	24, 25, 26, 27, 28(d), 29 and 30(c))	8000.00	65049.00
	al Federal Disbursements		
(sub	otract Line 21(a)(ii) and Line 30(a)(ii)	8000.00	65040.00

8000.00

65049.00

from Line 31).....

Image# 28930186462

DETAILED SUMMARY PAGE

	III. Net Contributions/Operating	COLUMN A	COLUMN B
	Expenditures	Total This Period	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

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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/21 (check only one) I1a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using th	Statements may e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cooperative of American Physicians-	Mutual Prote	ction Trust (CAP-MPT) Fede	eral PAC
∡ ۹.	Full Name (Last, First, Middle Initial) M. Aslam Barra, MD			Date of Receipt
	Mailing Address 930 Sunnyslope Road	d, Ste E-1		1 2 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11ai-71649
	Hollister FEC ID number of contributing federal political committee.	CA	95023	Amount of Each Receipt this Period
	Name of Employer M. Aslam Barra, MD	Occupatio Physicia		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year		e Year-to-Date ▼ 350.00]
- 3.	Full Name (Last, First, Middle Initial) David Bender, MD			Date of Receipt
	Mailing Address 10921 Wilshire Blvd.,	#602		12 18 2007
	City	State	Zip Code	Transaction ID: 11ai-71776
	Los Angeles FEC ID number of contributing federal political committee.	CA	90024	Amount of Each Receipt this Period
	Name of Employer David Bender, MD	Occupatio Physicia		_
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	1 1 2	e Year-to-Date V 300.00	
-	Full Name (Last, First, Middle Initial) Daniel Borenstein, MD			Date of Receipt
	Mailing Address 151 N. Canyon View I	Drive		1 2 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 11ai-71829
	Los Angeles	CA	90049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Daniel Borenstein, MD	Occupatio Physicia		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate	e Year-to-Date V 400.00]
Γ	SUBTOTAL of Receipts This Page (optional).			450.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
ſ	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Cooperative of American Physicians-W	lutual Prote	ction Trust (CAP-MPT) Fede	ral PAC
لا A.	Full Name (Last, First, Middle Initial) Paul Brower, MD			Date of Receipt
	Mailing Address 25200 La Paz Road, #2	200		M M / D D / Y Y Y Y 12 05 2007
	City Laguna Hills	State CA	Zip Code	Transaction ID: 11ai-71655
	FEC ID number of contributing federal political committee.	CA	92653	Amount of Each Receipt this Period
	Name of Employer Paul Brower, MD	Occupatio Physicia		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate	e Year-to-Date 600.00]
в.	Full Name (Last, First, Middle Initial) Paul Brower, MD Mailing Address 25200 La Paz Road, #2	200		Date of Receipt
	City	State	Zip Code	Transaction ID: 11ai-71753
	Laguna Hills	CA	92653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Paul Brower, MD	Occupation Physicia		
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	-
	Primary General X Other (specify) Calendar Year	0 0	600.00	
- с.	Full Name (Last, First, Middle Initial) Jitka Civrna, MD			Date of Receipt
	Mailing Address 74000 Country Club Dr	ive, #G2		M M / D D / Y Y Y Y 12 31 2007
	City Datas Descart	State	Zip Code	Transaction ID: 11ai-71905
	Palm Desert FEC ID number of contributing federal political committee.	CA	92260	Amount of Each Receipt this Period
	Name of Employer Jitka Civrna, MD	Occupatio Physicia		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate	e Year-to-Date 🔻 450.00]
ſ	SUBTOTAL of Receipts This Page (optional)		•	700.00
Ī	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/21 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Cooperative of American Physicians-W	Autual Proto	ation Truct (CAR MPT) Eado	
Z				
Α.	Full Name (Last, First, Middle Initial) Robert Cole, MD			Date of Receipt
	Mailing Address 2121 Wilshire Blvd., #3	302		M M / D D / Y Y Y Y 12 14 2007
	City	State	Zip Code	Transaction ID: 11ai-71715
	Santa Monica	CA	90403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Robert Cole, MD	Occupatio Physicia		
	Receipt For: 2008		e Year-to-Date 🔻	1
	Primary General X Other (specify) ▼	1 1	550.00	
_	Calendar Year	0.0	0 0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) James Daniel, MD			Date of Receipt
	Mailing Address 150 N. Robertson Blvd	., #350		12 27 2007
	City	State	Zip Code	Transaction ID: 11ai-71886
	Beverly Hills	CA	90211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer James Daniel, MD	Occupatio Physicia		
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	 Primary General X Other (specify) ▼ Calendar Year 	0 0	300.00	
– c.	Full Name (Last, First, Middle Initial) David Davis, MD			Date of Receipt
•	Mailing Address 20101 Sw Birch St., #1	00		
	City	State	Zip Code	Transaction ID: 11ai-71705
	Newport Beach	CA	92660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer David Davis, MD	Occupatio Physicia		
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary General X Other (specify) ▼ Calendar Year	0 0	450.00	
	SUBTOTAL of Receipts This Page (optional)		·····	300.00
	TOTAL This Period (last page this line number of		· · · · ·	

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S	CHEDULE A (FEC Form 3X)	Use separ	ate schedule(s)	FOR LINE NUMBER: PAGE 9/21
Г	TEMIZED RECEIPTS	for each ca	ategory of the	(check only one)
•		Detailed S	ummary Page	X 11a 11b 11c 12
A	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold o e name and address of any po	or used by any person olitical committee to s	13 14 15 16 1 for the purpose of soliciting contributions olicit contributions from such committee.
T	NAME OF COMMITTEE (In Full)	······································		
	Cooperative of American Physicians-	Mutual Protection Trust ((CAP-MPT) Federa	al PAC
	Full Name (Last, First, Middle Initial) Tony Deeths, MD			Date of Receipt
	Mailing Address 1817 Truxtun Ave.			M M / D D / Y Y Y Y 12 20 2007
	City	State Zip Code	e	Transaction ID: 11ai-71800
	Bakersfield	CA 93301		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tony Deeths, MD	Occupation Physician]
	Receipt For: 2008	Aggregate Year-to-Date	▼]
	Primary General		500.00	
	X Other (specify) Calendar Year		500.00	
	Full Name (Last, First, Middle Initial) Boyd Flinders, MD			Date of Receipt
	Mailing Address 2701 W. Alameda Av	·		M · M / D · D / Y · Y · Y · Y Y
	City	State Zip Code	Э	Transaction ID: 11ai-71921
	Burbank	CA 91505		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Boyd Flinders, MD	Occupation Physician]
	Receipt For: 2008	Aggregate Year-to-Date	•	
	X Other (specify) ▼ Calendar Year		600.00	
	Full Name (Last, First, Middle Initial) Boyd Flinders, MD	1		Date of Receipt
	Mailing Address 2701 W. Alameda Av	e., #507		M M / D D / Y Y Y Y 12 10 2007
	City	State Zip Code	9	Transaction ID: 11ai-71659
	Burbank	CA 91505		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Boyd Flinders, MD	Occupation Physician		1
	Receipt For: 2008	Aggregate Year-to-Date	•	1
	 Primary General X Other (specify) ▼ Calendar Year 		600.00	
	SUBTOTAL of Receipts This Page (optional)	1		600.00
F			····· •	
Ľ	TOTAL This Period (last page this line number	r only)	····· •	

Mailing Address 17400 Irvine Blvd., #F City State Zip Code Tustin CA 92780 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer James Grimes, MD Occupation Physician Image: Calendar Year 100.00 Receipt For: 2008 Aggregate Year-to-Date Image: Calendar Year City State Zip Code Transaction ID: 11ai-71652 Amount of Each Receipt this Period Image: Calendar Year Date of Receipt City State Zip Code Transaction ID: 11ai-71652 Amount of Each Receipt this Period Image: Calendar Year Image: Calendar Year City State Zip Code Transaction ID: 11ai-71652 Amount of Each Receipt this Period Image: Calendar Year Image: Calendar Year FEC ID number of contributing federal political committee. Occupation Physician Receipt For: 2008 Occupation Physician Primary General Aggregate Year-to-Date Image: Calendar Year Other (specify) General 350.00 Image: Calendar Year		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 21 (check only one) 11a X 11a 13 14 15 16 17
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC A. Full Name (Last, First, Middle Initial)		Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. James Grimes, MD Date of Receipt Mailing Address 17400 Irvine Bivd., #F Date of Receipt City State Zip Code FEC ID number of contributing reterral policical committee. C Amount of Each Receipt this Period Names of Employer James Grimes, MD Occupation Physician Amount of Each Receipt this Period Receipt For: 2008 Aggregate Year to Date ▼ 100.00 Name of Employer James Grimes, MD Aggregate Year to Date ▼ Date of Receipt Name of Employer James Grimes, MD Aggregate Year to Date ▼ Date of Receipt Name of Employer Predictas Hall, MD Date of Receipt Date of Receipt Name of Employer Predictas Hall, MD Date of Receipt X Name of Employer City State Zip Code Zip Code Victor (specify) Calendar Year Occupation Physician Date of Receipt Name of Employer City State Zip Code Aggregate Year-to-Date ▼ Transaction ID: 11ai-71652 Mailing Address 221 W. Magnolia Bivd., #210 Tate Zip Code Transaction ID: 11ai-71651 Mailing Address 221 W. Magnolia Bivd., #210 Transaction ID				
City State Zip Code Tustin CA 92780 FEC ID number of contributing C Transaction ID: 11ai-71771 Amount of Each Recept this Period 100.00 Name of Employer Occupation Particular Committee 0 Name of Employer 0 cocupation Physician Aggregate Year-to-Date 1 Peecipt For: 2008 Aggregate Year-to-Date 1 Mailing Address 6943 Roundup Way Transaction ID: 11ai-71652 Amount of Each Receipt IIs Period FEC ID number of contributing federal political committee C 1 2 0.0 Vity State Zip Code Transaction ID: 11ai-71652 Amount of Each Receipt IIs Period Price and political committee C 1 2 0.0 2 2 Name (Last, First, Middle Initial) Physician Aggregate Year-to-Date Transaction ID: 11ai-71652 Amount of Each Receipt IIs Period 1 2 0.0 1 2 0.0 1 2 0.0 1 2 0.0 1 2 0.0 1 2 0.0 <th>۷ A.</th> <th></th> <th></th> <th>Date of Receipt</th>	۷ A .			Date of Receipt
Tustin CA 92789 FEC ID number of contributing federal policial committee. C Amount of Each Receipt this Period Name of Employer Parces Grines, MD Occupation Physician 100.00 Receipt For: 2008 Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ X Other (specify) ▼ 350.00 B. Full Name (Last, First, Middle Initial) Federal policial committee. Date of Receipt Mailing Address 6943 Roundup Way Transaction ID: 11ai-1652 City State 2ip Code Orange CA 92669 FEC ID number of contributing federal policical committee. Occupation Physician Receipt For: 2008 Aggregate Year-to-Date ▼ Primary General 350.00 X Other (specify) ▼ 350.00 City State 2ip Code Name of Employer Felcitas Halli, MD Aggregate Year-to-Date ▼ Image: Code Name of Employer Susan Hammar, MD Aggregate Year-to-Date ▼ Image: Code Name of Employer Susan Hammar, MD Occupation Physician 250.00 Receipt For		Mailing Address 17400 Irvine Blvd., #F	=	
FEC ID number of contributing federal political committee. 0<		•		Transaction ID: 11ai-71771
federal political committee. Image: committee.			CA 92780	Amount of Each Receipt this Period
Receipt For: 2008 Primary General Aggregate Year-to-Date Image: State Full Name (Last, First, Middle Initial) Elicitas Halli, MD Mailing Address 6943 Roundup Way City State Zip Code Orange CA 92669 FeC ID number of contributing C Amount of Each Receipt this Period Primary General Aggregate Year-to-Date Mount of Each Receipt this Period Primary General Aggregate Year-to-Date Mount of Each Receipt this Period C. Full Name (Last, First, Middle Initial) Aggregate Year-to-Date Mount of Each Receipt this Period Primary General Aggregate Year-to-Date Image: State Zip Code Mailing Address 2211 W. Magnolia Blvd., #210 Mailing Address 2211 W. Magnolia Blvd., #210 City State Zip Code Image: Aligned the Aggregate Year-to-Date Image: Aligned the Aggregate Year-to-Date Name of Employer Occupation Physician Aggregate Year-to-Date Image: Aligned the Aggregate Year-to-Date Image: Aligned the Aggregate Year-to-Date Name of Employer Occupation			C	100.00
Primary General X Other (specify) B. Full Name (Last, First, Middle Initial) Peticitas Halli, MD Mailing Address 6943 Roundup Way City State Qrange CA FEC ID number of contributing C Federal political committee. C Name of Employer Occupation Primary General Q Other (specify) Calendar Year City State Primary General Q Other (specify) Occupation Primary General Q Other (specify) C City State Primary General Aggregate Year-to-Date Image Primary General Aggregate Year-to-Date Image Ctity State Zip Code Mailing Address 2211 W. Magnolia Blvd., #210 Image City State Zip Code Primary General General Name of Employer C Image State </th <th></th> <th>Name of Employer James Grimes, MD</th> <th></th> <th></th>		Name of Employer James Grimes, MD		
X Other (specify) ◆ Calendar Year 350.00 B. Full Name (Last, First, Middle Initial) Peticitas Halli, MD Date of Receipt Mailing Address 6943 Roundup Way 12 04 2.0.7 City State Zip Code Transaction Ib: 11ai-71652 Orange CA 92669 Primary Calendar Year Peticitas Halli, MD Physician Aggregate Year-to-Date ▼ 250.00 Name of Employer Fellotas Halli, MD Physician Aggregate Year-to-Date ▼ 04 2.0.7 C. Susan Hammar, MD Aggregate Year-to-Date ▼ 0.0.0 12 0.0.0 City State Zip Code Transaction Ib: 11ai-71651 Transaction Ib: 11ai-71651 Mailing Address 2211 W. Magnolia Blvd., #210 Transaction Ib: 11ai-71651 Transaction Ib: 11ai-71651 City State Zip Code Transaction Ib: 11ai-71651 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C 91506 Transaction Ib: 11ai-71651 Transaction Ib: 11ai-71651 Mame of Employer Susan Hammar, MD Occupation Physician Occupation Physician Transaction Ib: 11ai-71651<			Aggregate Year-to-Date ▼]
B. Felicitas Halli, MD Mailing Address 6943 Roundup Way City State Zip Code Orange CA 92669 FEC ID number of contributing federal political committee. Name of Employer Felicitas Halli, MD Physician Receipt For: 2008 V Other (specify) ▼ Calendar Year C. Susan Hammar, MD Part Code Name of Employer Susan Hammar, MD Part Code Name of Employer Susan Hammar, MD Physician Receipt For: 2008 Mailing Address 2211 W. Magnolia Blvd., #210 C. Susan Hammar, MD Mailing Address 2211 W. Magnolia Blvd., #210 C. Susan Hammar, MD Receipt For: 2008 FEC ID number of contributing federal political committee. Name of Employer Susan Hammar, MD Physician Receipt For: 2008 Physician Receipt For: 2008 Name of Employer Susan Hammar, MD Physician Receipt For: 2008 Physician Receipt For: 2008 Physician		X Other (specify)	350.00	
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 X Other (specify) ◆ Calendar Year Susan Hammar, MD Mailing Address 2211 W. Magnolia Blvd., #210 City State Zip Code Burbank CA Name of Employer Felicitas Hallii, MD Primary General Calendar Year	– В.	,		Date of Receipt
Orange CA 92669 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Felicitas Hallin, MD Occupation Physician Aggregate Year-to-Date ▼ 250.00 Name of Employer Calendar Year Aggregate Year-to-Date ▼ Date of Receipt Ctiv Susan Hammar, MD Date of Receipt this Period Mailing Address 2211 W. Magnolia Blvd., #210 Mailing Address 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 X Other (specify) ♥ Calendar Year		Mailing Address 6943 Roundup Way		
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Felicitas Hallii, MD Occupation Physician 250.00 Receipt For: 2008 Aggregate Year-to-Date ▼ Y Other (specify) ▼ 350.00 C. Full Name (Last, First, Middle Initial) Susan Hammar, MD Date of Receipt Mailing Address 2211 W. Magnolia Blvd., #210 Mail 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 C Other (specify) ♥ Cother (specify) ♥ 250.00		City	-	Transaction ID: 11ai-71652
federal political committee. C 200.00 Name of Employer Felicitas Hallii, MD Occupation Physician Physician Receipt For: 2008 Aggregate Year-to-Date ▼ C. Full Name (Last, First, Middle Initial) 350.00 Susan Hammar, MD Date of Receipt Mailing Address 2211 W. Magnolia Blvd., #210 City State Zip Code Burbank CA 91506 FEC ID number of contributing federal political committee. Occupation Physician Aggregate Year-to-Date ▼ Name of Employer Susan Hammar, MD Occupation Physician Aggregate Year-to-Date ▼ 250.00 Name of Lapoter For: 2008 Aggregate Year-to-Date ▼ 250.00			CA 92669	Amount of Each Receipt this Period
Receipt For: 2008 Aggregate Year-to-Date ▼ X Other (specify) ▼ 350.00 C. Full Name (Last, First, Middle Initial) 350.00 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 250.00 Name of Employer Susan Hammar, MD Occupation Physician Aggregate Year-to-Date ▼ Receipt For: 2008 Aggregate Year-to-Date ▼ 250.00 Y Other (specify) ▼ 250.00 00			C	250.00
Primary General X Other (specify) Calendar Year 350.00 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 Amount of Each Receipt this Period Name of Employer Susan Hammar, MD Occupation Physician Aggregate Year-to-Date ▼ Primary General 250.00 500.00		Name of Employer Felicitas Halili, MD		
X Other (specify) ▼ 350.00 Calendar Year 350.00 Full Name (Last, First, Middle Initial) Date of Receipt Susan Hammar, MD Date of Receipt Mailing Address 2211 W. Magnolia Blvd., #210 City State Zip Code Burbank CA 91506 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation Physician Receipt For: 2008 Aggregate Year-to-Date ▼ Primary General 250.00			Aggregate Year-to-Date ▼	
C. Susan Hammar, MD Date of Receipt Mailing Address 2211 W. Magnolia Blvd., #210 Image: Constraint of the second s		X Other (specify)	350.00	
Mailing Address 2211 W. Magnolia Blvd., #210 City State Zip Code Burbank CA 91506 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Susan Hammar, MD Occupation Physician 250.00 Receipt For: 2008 Aggregate Year-to-Date ▼ Y Primary General 250.00	– C.		1	Date of Receipt
Burbank CA 91506 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Susan Hammar, MD Occupation Physician 250.00 Receipt For: 2008 Aggregate Year-to-Date ▼ Y Primary General 250.00 X Other (specify) ▼ 250.00		Mailing Address 2211 W. Magnolia Blv	vd., #210	
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Susan Hammar, MD Occupation Physician Physician Receipt For: 2008 Aggregate Year-to-Date ▼ C X Other (specify) ▼ 250.00 600.00		•	I	
federal political committee. 230.00 Name of Employer Susan Hammar, MD Occupation Physician Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year 250.00				
Susan Hammar, MD Physician Receipt For: 2008 Primary General X Other (specify) Calendar Year				250.00
Primary General X Other (specify) ▼ Calendar Year 600.00		Name of Employer Susan Hammar, MD		
X Other (specify) ▼ Calendar Year			Aggregate Year-to-Date V	
SUBTOTAL of Receipts This Page (optional)		X Other (specify)	250.00	
	Γ	SUBTOTAL of Receipts This Page (ontional)		600.00
TOTAL This Period (last page this line number only)	┝			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 21 (check only one) 11a X 11a 11b 11c 12 13 14 15 15 16
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Cooperative of American Physicians-	Mutual Prote	ction Trust (CAP-MPT) Fede	eral PAC
∠ A.	Full Name (Last, First, Middle Initial) I. Anneli Hanna, MD			Date of Receipt
	Mailing Address 42525 Rancho Mirage	e Lane		1 2 / D D / Y Y Y Y 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 11ai-71928
	Rancho Mirage FEC ID number of contributing federal political committee.	CA	92270	Amount of Each Receipt this Period
	Name of Employer I. Anneli Hanna, MD	Occupatio Physicia	n	
	Receipt For: 2008 Primary General X Other (specify) Calendar Year	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Robert Improta, MD Mailing Address 2460 Ponderosa Drive	e, N. #A-1		Date of Receipt
	City	State	Zip Code	Transaction ID: 11ai-71876
	<u>Camarillo</u>	CA	93010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Robert Improta, MD	Occupatio Physicia		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate	e Year-to-Date V 300.00]
— C.	Full Name (Last, First, Middle Initial) John Kiely, MD			Date of Receipt
	Mailing Address PO Box 189			12 18 2007
	City	State	Zip Code	Transaction ID: 11ai-71759
	Watsonville FEC ID number of contributing federal political committee.	CA	95077	Amount of Each Receipt this Period
	Name of Employer John Kiely, MD	Occupatio Physicia		_
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate	e Year-to-Date 250.00]
	SUBTOTAL of Receipts This Page (optional) .			600.00
	TOTAL This Period (last page this line numbe	r only)		

ļ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/21
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
_			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	Cooperative of American Physicians-M	Iutual Prote	ction Trust (CAP-MPT) Fede	ral PAC
Α.	Full Name (Last, First, Middle Initial) Martha Kirkpatrick, MD			Date of Receipt
	Mailing Address 988 Bluegrass Lane			1 2 / D D / Y Y Y Y 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 11ai-71777
	Los Angeles	CA	90049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Martha Kirkpatrick, MD	Occupatio Physicia		
	Receipt For: 2008		e Year-to-Date 🔻	-
	Primary General		250.00	1
_	X Other (specify) Calendar Year	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) David Kolegraff, MD			Date of Receipt
	Mailing Address 2428 Castillo St., #C			M M / D D / Y Y Y Y 12 21 2007
	City	State	Zip Code	Transaction ID: 11ai-71833
	Santa Barbara	CA	93105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer David Kolegraff, MD	Occupatio Physicia		
	Receipt For: 2008	1	e Year-to-Date 🔻	
	Primary General		300.00	1
_	X Other (specify) Calendar Year	0.0		
C.	Full Name (Last, First, Middle Initial) Miguel Lascano, MD			Date of Receipt
	Mailing Address 1524 27th St #405			12 / D D / Y Y Y Y 12 / 18 / 2007
	City	State	Zip Code	Transaction ID: 11ai-71766
	Bakersfield	CA	93301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Miguel Lascano, MD	Occupatio Physicia		
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary General X Other (specify) ▼ Calendar Year	0 0	350.00	
Г				
	SUBTOTAL of Receipts This Page (optional)		•••••	450.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/21 (check only one) 11a X 11a 11b 11c 12 13 14 15
A	ny information copied from such Reports and s for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Cooperative of American Physicians-	Mutual Protec	ction Trust (CAP-MPT) Fed	eral PAC
<u> </u>	Full Name (Last, First, Middle Initial) David Levinsohn, MD			Date of Receipt
	Mailing Address 700 West Harbor Driv	ve, #601		12 05 2007
	City	State	Zip Code	Transaction ID: 11ai-71656
	San Diego FEC ID number of contributing federal political committee.	CA	92101	Amount of Each Receipt this Period
	Name of Employer David Levinsohn, MD	Occupation Physiciar		
	Receipt For: 2008 Primary General X Other (specify) Calendar Year	Aggregate	Year-to-Date 250.00	
	Full Name (Last, First, Middle Initial)Roya Maani, MDMailing Address18120 Jaguar Court	-		Date of Receipt
	City	State	Zip Code	Transaction ID: 11ai-71689
	Tarzana	CA	91335	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roya Maani, MD	Occupation Physiciar		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate	Year-to-Date 250.00	
	Full Name (Last, First, Middle Initial) Alan Marco, MD Mailing Address 5007 Roma Court	1		Date of Receipt
	City Marine Del Dev	State	Zip Code	Transaction ID: 11ai-71672
	Marina Del Rey FEC ID number of contributing federal political committee.	CA	90292	Amount of Each Receipt this Period
	Name of Employer Alan Marco, MD	Occupation Physiciar		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year		Year-to-Date 600.00	
s	UBTOTAL of Receipts This Page (optional) .			600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 21 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and s or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cooperative of American Physicians-	Mutual Prote	ction Trust (CAP-MPT) Fed	eral PAC
. Z	Full Name (Last, First, Middle Initial) Eric Millstein, MD			Date of Receipt
	Mailing Address 2080 Century Park Ea	ast #1500		1 2 0 5 2 0 0 7
	City Los Angeles	State CA	Zip Code 90067	Transaction ID: 11ai-71654 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Eric Millstein, MD	Occupatio Physicia		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year		P Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Beth Morre, MD Mailing Address 8737 Beverly Blvd., #4	402		Date of Receipt
	City	State	Zip Code	1 2 1 0 2 0 0 7 Transaction ID: 11ai-71658
	Los Angeles	CA	90048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Beth Morre, MD	Occupatio Physicia		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate	P Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial) John Munro, MD			Date of Receipt
	Mailing Address 316 Bethany Curve			12 18 2007
	City	State	Zip Code	Transaction ID: 11ai-71784
	Santa Cruz	CA	95060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer John Munro, MD	Occupatio Physicia		
	Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/21 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	Cooperative of American Physicians-I	Mutual Prote	ction Trust (CAP-MPT) Fede	eral PAC
۷ A.	Full Name (Last, First, Middle Initial) Suresh Nayak, MD			Date of Receipt
	Mailing Address 303 N. 15th St., #D			1 2 / D D / Y Y Y Y 1 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 11ai-71779
	San Jose	CA	95112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Suresh Nayak, MD	Occupation Physician		
	Receipt For:2008	1	e Year-to-Date V	-
	Primary General		250.00	1
	X Other (specify) Calendar Year	0.0		1
- В.	Full Name (Last, First, Middle Initial) Farshad Nosratian, MD			Date of Receipt
	Mailing Address 4477 118th St., #501			1 2 1 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 11ai-71762
	Hawthorne	CA	90250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Farshad Nosratian, MD	Occupation Physician		_
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary General X Other (specify) ▼ Calendar Year	0 0	250.00]
- C.	Full Name (Last, First, Middle Initial) Michelle Oliveira, MD			Date of Receipt
	Mailing Address 801 Amberwood Way			M M / D D / Y Y Y Y 12 04 2007
	City	State	Zip Code	Transaction ID: 11ai-71653
	San Ramon	CA	94583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Michelle Oliveira, MD	Occupation Physician		
	Receipt For: 2008	1	e Year-to-Date 🔻	_
	Primary General X Other (specify) ▼ Calendar Year		325.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		750.00
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Ş	SCHEDULE A (FEC Form 3X	000 00000000000000000000000000000000000	chedule(s) (c	OR LINE NUMBER: PAGE 16 / 21
ľ	TEMIZED RECEIPTS	for each catego	ry of the	\overline{X} 11a 11b 11c 12
-		Detailed Summ	ary Page	13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using	I Statements may not be sold or use he name and address of any politica	ed by any person fo al committee to soli	r the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)			
	Cooperative of American Physicians	-Mutual Protection Trust (CAF	P-MPT) Federal	PAC
∠ 4.	Full Name (Last, First, Middle Initial) Mark Oyama, MD			Date of Receipt
	Mailing Address 1260 15th St., #802			M M / D D / Y Y Y Y 12 20 2007
	City	State Zip Code		Transaction ID: 11ai-71825
	Santa Monica	CA 90404		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mark Oyama, MD	Occupation Physician		
	Receipt For: 2008	Aggregate Year-to-Date ▼		
	Primary General		250.00	
_	X Other (specify) Calendar Year	0 0 0 0 0 0 0	230.00	
- s.	Full Name (Last, First, Middle Initial) Jiun-Rong Peng, MD			Date of Receipt
	Mailing Address 280 S. Main St., #20	0		M M / D D / Y Y Y Y 12 27 2007
	City	State Zip Code		Transaction ID: 11ai-71871
	Orange	CA 92868		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Jiun-Rong Peng, MD	Occupation Physician		
	Receipt For: 2008	Aggregate Year-to-Date ▼		
	Primary General X Other (specify) ▼ Calendar Year		250.00	
-	Full Name (Last, First, Middle Initial) Arturo Quintanilla, MD			Date of Receipt
-	Mailing Address 35900 Bob Hope Dr	ve., #140		1 2 0 4 2 0 0 7
	City	State Zip Code		Transaction ID: 11ai-71648
	Rancho Mirage	CA 92270		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0	250.00
	Name of Employer Arturo Quintanilla, MD	Occupation Physician		
	Receipt For: 2008	Aggregate Year-to-Date ▼		
	Primary General		350.00	
_	X Other (specify) Calendar Year			
	SUBTOTAL of Receipts This Page (optional			750.00
F			F	
L	TOTAL This Period (last page this line numb	ег опіу)	····· P	

				FOR LINE NUMBER: PAGE 17/21
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	/ y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Cooperative of American Physicians-M	utual Prote	ction Trust (CAP-MPT) Fede	ral PAC
Α.	Full Name (Last, First, Middle Initial) Arnold Rappoport, MD			Date of Receipt
	Mailing Address 5414 Heron Bay			1 2 0 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 11ai-71657
	Long Beach	CA	90803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Arnold Rappoport, MD	Occupation Physiciar		
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary General X Other (specify) ▼ Calendar Year	0 0	250.00]
B.	Full Name (Last, First, Middle Initial) Craig Ross, MD			Date of Receipt
	Mailing Address 16480 Harbor Blvd., #10	04		1 2 2 7 Y Y Y Y 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 11ai-71882
	Fountain Valley	CA	92708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Craig Ross, MD	Occupation Physiciar		
	Receipt For: 2008	1 7	e Year-to-Date 🔻	-1
	Primary General X Other (specify) ▼ Calendar Year		250.00]
C.	Full Name (Last, First, Middle Initial) Maja Ruetschi, MD			Date of Receipt
	Mailing Address 73121 Fred Waring Driv	ve, Ste		M M / D D / Y Y Y Y 12 19 2007
	City Date: Descrit	State	Zip Code	Transaction ID: 11ai-71792
	Palm Desert	CA	92260	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Maja Ruetschi, MD	Occupation Physiciar		
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary General X Other (specify) ▼ Calendar Year	0 0	350.00	
	SUBTOTAL of Receipts This Page (optional)			600.00
	TOTAL This Period (last page this line number o	only)	······	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18/21							
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
A	ny information copied from such Reports and St for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
Ż	Cooperative of American Physicians-M	lutual Prote	ction Trust (CAP-MPT) Fede	eral PAC							
Α.	Full Name (Last, First, Middle Initial) Thomas Satrom, MD			Date of Receipt							
	Mailing Address 647 Wellesley Drive			12 17 Y Y Y 12 17 2007							
	City	State	Zip Code	Transaction ID: 11ai-71732							
	Claremont	CA	91711	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer Thomas Satrom, MD	Occupatio Physicial		_							
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	_							
	Primary General X Other (specify) Calendar Year	0 0	450.00]							
— В.	Full Name (Last, First, Middle Initial) Janet Schneider, MD			Date of Receipt							
	Mailing Address 10474 Colina Way			12 17 Y Y Y Y 12 17							
	City	State	Zip Code	Transaction ID: 11ai-71738							
	Los Angeles	CA	90077	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer Janet Schneider, MD	Occupatio Physicia									
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻								
	Primary General X Other (specify) ▼ Calendar Year	0 0	225.00								
— C.	Full Name (Last, First, Middle Initial) Hal Shimazu, MD			Date of Receipt							
	Mailing Address 456 29th St.			1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7							
	City	State	Zip Code	Transaction ID: 11ai-71932							
	Manhattan Bch	CA	90266	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer Annette Bernhut-Caplin, M	Occupatio Physicia									
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻								
	Primary General X Other (specify) Calendar Year	0 0	400.00								
5	SUBTOTAL of Receipts This Page (optional)			300.00							
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	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 19/21 (check only one)
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persible name and address of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Cooperative of American Physicians	-Mutual Protection Trust (CAP-MPT) Fede	eral PAC
4.	Full Name (Last, First, Middle Initial) Hal Shimazu, MD		Date of Receipt
	Mailing Address 456 29th St.		M M / D D / Y Y Y Y Y 1 2 0 0 7
	City	State Zip Code	Transaction ID: 11ai-71930
	Manhattan Bch	CA 90266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Annette Bernhut-Caplin, M	Occupation Physician	_
	Receipt For: 2008	Aggregate Year-to-Date V	
	Primary General	400.00	
_	X Other (specify) Calendar Year		
3.	Full Name (Last, First, Middle Initial) Hal Shimazu, MD		Date of Receipt
	Mailing Address 456 29th St.		M M M / D D / Y Y Y Y <
	City	State Zip Code	Transaction ID: 11ai-71931
	Manhattan Bch	CA 90266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Annette Bernhut-Caplin, M	Occupation Physician	
	Receipt For: 2008	Aggregate Year-to-Date V	
	Primary General X Other (specify) ▼ Calendar Year	400.00]
-).	Full Name (Last, First, Middle Initial) Hal Shimazu, MD		Date of Receipt
	Mailing Address 456 29th St.		1 2 3 1 2 0 0 7
	City	State Zip Code	Transaction ID: 11ai-71929
	Manhattan Bch	CA 90266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Annette Bernhut-Caplin, M	Occupation Physician	
	Receipt For: 2008	Aggregate Year-to-Date ▼	
	Primary General	400.00	
	X Other (specify) Calendar Year		
Γ	SUBTOTAL of Receipts This Page (optional)		300.00
┝	GODICIAL OF RECEIPTS THIS FAYE (OPTIONAL)		
	TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 21 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any personng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Cooperative of American Physicia	ans-Mutual Protection Trust (CAP-MPT) Fede	eral PAC
Full Name (Last, First, Middle Initial) James Strebig, MD Mailing Address 4050 Parranaa Pla		Date of Receipt
Mailing Address 4050 Barranca Pk	-	12 18 2007
City Irvine	State Zip Code CA 92604	Transaction ID: 11ai-71768 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer James Strebig, MD	Occupation Physician	
Receipt For: 2008 Primary General X Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 1100.00]
Full Name (Last, First, Middle Initial) James Strebig, MD Mailing Address 4050 Barranca Pk	xwy., #250	Date of Receipt
City	State Zip Code	122007 Transaction ID: 11ai-71802
Irvine	CA 92604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer James Strebig, MD	Occupation Physician	
Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 1100.00]
Full Name (Last, First, Middle Initial) Linda Swanson, MD		Date of Receipt
Mailing Address 23560 Madison St	t., #101	M M / D D / Y Y Y Y 12 12 2007
City	State Zip Code	Transaction ID: 11ai-71673
Torrance FEC ID number of contributing federal political committee.	CA 90505	Amount of Each Receipt this Period
Name of Employer Linda Swanson, MD	Occupation Physician	
Receipt For: 2008 Primary General X Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 700.00]
SUBTOTAL of Receipts This Page (option	nal)	700.00
TOTAL This Period (last page this line nu	mber only)	8450.00

SCHEDULE B (F		-		arate schedule(s)			OR LIN			R:			PA	GE	21 / 2	21
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AME OF COMMITT Cooperative of Am	. ,	ans-Mutua	l Protecti	on Trust (CAP	-MP	PT)	Federa	al P	AC							
Full Name (Last, First, Democratic Senato		n Committe	e						Date o	of Di	sburs	em				
Mailing Address 1	Mailing Address 120 Maryland Ave NE								^M 2	M	D () 4	/)	Ž	0 ð 7	7 ^Y
CityStateZip CodeWashingtonDC20002									Amou	nt of	Each	ו Di	sburse	-		
Purpose of Disbursement Political Contribution Candidate Name						01 ateo	1 Jory/		L.					50	0.000	0
Office Sought:	House Senate President trict:		Primary Other (spe	General cify) ▼		Тур	-	_								
Full Name (Last, First, Collins for Senator	Middle Initial)	1	-						Date o		sburs	em		, v	Y	Y
Mailing Address 1203 Portner Rd																
City Alexandria			State /A	Zip Code 22314					Amou	nt ol	Each	ו Di	sburse			-
Purpose of Disbursem Political Contribution Candidate Name							1 Jory/		L.						500.0	0
Susan Collins	ollins															
	House Senate President trict:		nent For: Primary Other (spe	2008 General ecify) ▼												
Full Name (Last, First, Pat Roberts for US	,	1							Trans Date o		sburs	em				
Mailing Address 515 So. Flower St. #3664									^M 2	М	D () ^D 4	/ Y	ž	0 ð 7	7 Y
City Los Angeles			State CA	Zip Code 90071					Amou	nt of	f Each	ו Di	sburse	-		
Purpose of Disbursement Political Contribution						01			L.					2	500.0	U
Candidate Name Categrat Roberts Typ																
	House Senate President trict:		nent For: Primary Other (spe	2008 General ecify) ▼												
SUBTOTAL of Disburse		e (optional)					►							80	00.0	0
	page this line n										0				0.00	^

FEC Schedule B (Form 3X) (Revised 02/2003)