

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

Office Use Only

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

12FE4M5

Cooperative of American Physicians Federal Political Action Committee

ADDRESS (number and street) ▼

333 S. Hope Street, 8th Floor

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90071

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00161604

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

Kirk Alan Pessner

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		112865.22
(b) Cash on Hand at Beginning of Reporting Period.....	115600.22	
(c) Total Receipts (from Line 19)	9325.00	25810.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124925.22	138675.22
7. Total Disbursements (from Line 31)	8100.00	21850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	116825.22	116825.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	2

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).....	8000.00	9500.00
(ii) Unitemized	1325.00	16310.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9325.00	25810.00
(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)	9325.00	25810.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9325.00	25810.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9325.00	25810.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	21750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(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)).....	100.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8100.00	21850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8100.00	21850.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9325.00	25810.00
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9225.00	25710.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Agulnek MD

Mailing Address PO Box 56208

City State Zip Code
 Sherman Oaks CA 91413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Robert Agulnek, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 11AI-75494

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sarah Azad

Mailing Address 2490 Hospital Drive #300

City State Zip Code
 Mountain View CA 94040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sarah Azad, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : 11AI-75467

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Philip Biderman MD

Mailing Address 13320 Riverside Drive, #110

City State Zip Code
 Sherman Oaks CA 91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philip Biderman, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 11AI-75493

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 16
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin Booth MD

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

City State Zip Code
Pleasanton CA 94588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kevin Booth, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 11AI-75468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Bornstein MD

Mailing Address 4330 Meadow View Place

City State Zip Code
Encino CA 91436

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Bornstein, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : 11AI-75474

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donald Cornforth MD

Mailing Address 9602 Stockdale Hwy

City State Zip Code
Bakersfield CA 93303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Donald Cornforth, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75478

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandor Dresnin MD

Mailing Address 2551 Riave Court

City State Zip Code
 Camarillo CA 93012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sandor Dresnin, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : 11AI-75501

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Gales MD

Mailing Address 11847 Wilshire Ste #303

City State Zip Code
 Los Angeles CA 90025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael Gales, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : 11AI-75502

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John German MD

Mailing Address 17762 Mountainview Circle

City State Zip Code
 Villa Park CA 92867

FEC ID number of contributing
federal political committee.

C

Name of Employer

John German, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 11AI-75500

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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: 2012

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75491

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew Sew Hoy MD

Mailing Address 1414 S. Grand, #300

City State Zip Code
Los Angeles CA 90015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andrew Sew Hoy, MD

Occupation

Physician

Receipt For: 2012

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

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : 11AI-75473

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas Hryniewicki MD

Mailing Address 845 E. Chapman Ave.

City State Zip Code
Orange CA 92866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Hryniewicki, MD

Occupation

Physician

Receipt For: 2012

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : 11AI-75485

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lorrie Klein MD

Mailing Address 30201 Golden Lantern Ste B

City State Zip Code
Laguna Niguel CA 92677

FEC ID number of contributing federal political committee.

C

Name of Employer

Lorrie Klein, MD

Occupation

Physician

Receipt For: 2012

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

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 11AI-75489

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Barnet Malin MD

Mailing Address 2230 25th St.

City State Zip Code
Santa Monica CA 90405

FEC ID number of contributing federal political committee.

C

Name of Employer

Barnet Malin, MD

Occupation

Physician

Receipt For: 2012

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rolando Mercader MD

Mailing Address 166 S. Alvarado St., #106

City State Zip Code
Los Angeles CA 90057

FEC ID number of contributing federal political committee.

C

Name of Employer

Rolando Mercader, MD

Occupation

Physician

Receipt For: 2012

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75484

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cuong Nguyen MD

Mailing Address 9211 Bolsa Ave., #220

City State Zip Code
Westminster CA 92683

FEC ID number of contributing federal political committee.

C

Name of Employer

Cuong Nguyen, MD

Occupation

Physician

Receipt For: 2012

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 11AI-75470

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rene Pidoux

Mailing Address 435 Arden Ave, #410

City State Zip Code
Glendale CA 91203

FEC ID number of contributing federal political committee.

C

Name of Employer

Rene Pidoux, MD

Occupation

Physician

Receipt For: 2012

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75488

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Noosha Shaheedy

Mailing Address 8920 Wilshire Blvd, #411

City State Zip Code
Beverly Hills CA 90211

FEC ID number of contributing federal political committee.

C

Name of Employer

Noosha Shaheedy, MD

Occupation

Physician

Receipt For: 2012

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 11AI-75479

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ayesha Shaikh MD

Mailing Address 2323 Oak Park Ln # 202

City State Zip Code
Santa Barbara CA 93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ayesha Shaikh, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 11AI-75481

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Smith MD

Mailing Address 1350 West Sixth St., #2

City State Zip Code
San Pedro CA 90732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Richard Smith, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Stone

Mailing Address 39000 Bob Hope Dr, #P316

City State Zip Code
Rancho Mirage CA 92270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Richard Stone, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75497

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 13 OF 16
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Bradley Taylor MD

Mailing Address 30421 Via Festivo

City State Zip Code
San Juan Capistrano CA 92675

FEC ID number of contributing
federal political committee.

C

Name of Employer

J. Bradley Taylor, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75498

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick Wade MD

Mailing Address 1016 E. Broadway #100

City State Zip Code
Glendale CA 91205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patrick Wade, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75472

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Yuh Huey Wang MD

Mailing Address 1106 S Diamond Bar Blvd

City State Zip Code
Diamond Bar CA 91765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yuh Huey Wang, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 11AI-75482

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 16
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chris Wu MD

Mailing Address 355 E 21st St Ste G

City State Zip Code
 San Bernardino CA 92404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chris Wu, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : 11AI-75480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew Zetumer MD

Mailing Address 5190 Governor Drive, #102

City State Zip Code
 San Diego CA 92122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matthew Zetumer, MD

Occupation

Physician

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : 11AI-75464

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

500.00

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

8000.00

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

PAGE 15 OF 16

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2012

Mailing Address 120 Maryland Ave, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Political Contribution

011

Transaction ID : 23-660

Amount of Each Disbursement this Period

5000.00

Candidate Name

Democratic Senatorial Campaign CommitteeCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Calendar year

Full Name (Last, First, Middle Initial)

B. PIAA PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2012

Mailing Address 2275 Research Blvd # 250

City	State	Zip Code
Rockville	MD	20850

Purpose of Disbursement
Political Contribution

011

Transaction ID : 23-659

Amount of Each Disbursement this Period

1000.00

Candidate Name

PIAA PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Calendar year

Full Name (Last, First, Middle Initial)

C. Berman for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Mailing Address 1132 6th St NW #2

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Political Contribution

011

Transaction ID : 23-661

Amount of Each Disbursement this Period

2000.00

Candidate Name

Howard BermanCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 30

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

8000.00

8000.00

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

PAGE 16 OF 16

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie Lam MD

Mailing Address 11936 Hemlock St

City	State	Zip Code
El Monte	CA	91732

Purpose of Disbursement
Return of 01/25/2012 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

Transaction ID : 28A-665

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

100.00

100.00
