Image# 13964538502 PAGE 1 / 9

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office Us	e Only	
1.	NAME OF COMMITTEE (in		YPE OR F	PRINT ▼		mple: If typion the lines.	ng, type	12FE41	M5		
С	cooperative o	f America	n Physi	cians Fe	deral Poli	ical Actio	n Commit	tee		1 1	1
			. 222 C 114	on a Chun at Or	U						
AD∣	DRESS (number a	nd street)	333 S. HO	ope Street, 8	in Floor						
r	Check if dif										
	than previoreported. (A		Los Ange	eles				CA	90071		
2.	FEC IDENTIFIC	CATION NUI	MBER ▼		CITY 🛦		S	STATE 🛦		ZIP COI	DE 🛦
	C C001616	04			3. IS THIS REPORT	\ \ \	NEW N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF RE	PORT	(b) Mon	ort	Feb 20 (M2)		May 20 (M5)	×	ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Re	a) Quarterly Reports:		Due On: Mar 20 (M3)			Jun 20 (M6) Sep 20 (M9) Dec 20 (Non-Election Year Only)				Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarte	ly Report (Q1	) (c)	12-Day	П	Primary (12F	P)	Gene	ral (12G)	П	Runoff (12R)
	July 15 Quarte	ly Report (Q2	<u>'</u> )	PRE-Election Report for t		Convention (	(12C)	Sneci	al (12S)		
	Octobe Quarte	r 15 ly Report (Q3	3)	rioport ior i		Convoluion	.123)	Ороск	ui (120)		
	Januar			E	Election on	M M /	D   D /	Y I Y II Y	Y	in the State of	
	July 31 Report	Mid-Year (Non-election nly) (MY)	(d)	30-Day POST-Elect		General (300	G)	Runo	ff (30R)		Special (30S)
		ation Report		Report for t	he:	M M /	D D /	Y = Y = Y	Y	in the	
	(TER)			E	Election on					State of	
5.	Covering Period	07	/ D1		013	through	M M M	/ D D 31	/ Y Y 201	3	
l ce	ertify that I have e	examined this	Report a	nd to the be	est of my kno	wledge and	belief it is true	e, correct	and complet	e.	
	be or Print Name		Rebecca						· 		
								M	M / D	D /	Y   Y   Y   Y
Sig	nature of Treasur	er Rebecc	ea Olson			[Electronicall	y Filed] Da	ate 08			2013
NO <sup>°</sup>	TE: Submission of	false, erroned	ous, or inco	omplete infor	mation may su	bject the per	son signing th	is Report t	o the penaltic	es of 2 L	J.S.C. §437g.
	Office					•				FOR	
	Use Only									ev. 12/20	

## 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

2013 07 2013 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 102525.22 January 1, 2013 (b) Cash on Hand at 91452.22 Beginning of Reporting Period..... 39877.00 2450.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 93902.22 142402.22 6(a) and 6(c) for Column B)..... 8500.00 57000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 85402.22 85402.22 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

#### For further information contact:

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

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)

Write or Type Committee Name

### Cooperative of American Physicians Federal Political Action Committee

		COLUMN A	COLUMN B		
I. Receip	ts	Total This Period	Calendar Year-to-Date		
11. Contributions (other than					
(a) Individuals/Persons					
Than Political Comr		1250.00	16550.00		
(i) Itemized (use S	chedule A)				
(ii) Unitemized		1200.00	23327.00		
(iii) TOTAL (add		0.450.00	20077.00		
Lines 11(a)(i) ar	nd (ii)▶	2450.00	39877.00		
(b) Political Party Comr	mittees	0.00	0.00		
(c) Other Political Com		0.00			
(such as PACs)		0.00	0.00		
(d) Total Contributions					
11(a)(iii), (b), and (c		2450.00	39877.00		
Totals to Line 33, p  12. Transfers From Affiliated		240.00			
Party Committees		0.00	0.00		
	H				
13. All Loans Received		0.00	0.00		
44 Laan Banannanta Basa		0.00	0.00		
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Ex</li> </ol>		0.00	0.00		
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37,		0.00	0.00		
16. Refunds of Contributions		7			
to Federal Candidates a					
Political Committees		0.00	0.00		
17. Other Federal Receipts					
(Dividends, Interest, etc.	'	0.00	0.00		
18. Transfers from Non-Fede					
(a) Non-Federal Account		0.00			
(from Schedule H3)		0.00	0.00		
(b) Levin Funds (from S	chodulo H5)	0.00	0.00		
(b) Leviii i dildə (ildiii 5	criedule 113)	7			
(c) Total Transfers (add	18(a) and 18(b))	0.00	0.00		
<ol> <li>Total Receipts (add Line</li> <li>12, 13, 14, 15, 16, 17, a</li> </ol>		2450.00	39877.00		
12, 10, 17, 10, 10, 17, 6	und 10(0))	2450.00	33377.00		
20. Total Federal Receipts	_				
(subtract Line 18(c) from	n Line 19)▶	2450.00	39877.00		

#### **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
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calcillati i Cal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	8500.00	57000.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	2.22
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan nepayments wade		5.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
-		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
(add Eiles 20(a), (b), alid (b))	7	7 7
Other Disbursements	0.00	0.00
_	7	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) III avirall Chara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
(b) Federal Election Activity Paid Entirely  With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	7	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8500.00	57000.00
_		
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	2500.00	£7000 00
from Line 31)	8500.00	57000.00

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2450.00	39877.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2450.00	39877.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. 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

ı	FOR	LINE	NU	MBER	:	PAGE	6	OF	9
ı	(chec	ck only	or	ne)					
	X	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

NAME OF COMMITTEE (In Full) Cooperative of American Physicians Federal Political Action Com  Full Name (Last, First, Middle Initial) Arash Horizon MD  Mailing Address PO Box 572140  City State Zip Code CA 91357  FEC ID number of contributing federal political committee.  Name of Employer Arash Horizon, MD  Receipt For: 2013 Primary General Other (specify) ▼ Calendar Year  Full Name (Last, First, Middle Initial) Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City State Zip Code CA 90024	Date of Receipt  O7 31 2013  Transaction ID: 11AI-76270  Amount of Each Receipt this Period  250.00	
A. Arash Horizon MD  Mailing Address PO Box 572140  City State Zip Code Tarzana CA 91357  FEC ID number of contributing federal political committee.  Name of Employer Arash Horizon, MD  Receipt For: 2013 Primary General Other (specify) ▼ 350.00  Full Name (Last, First, Middle Initial)  Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City State Zip Code	07 31 2013  Transaction ID: 11Al-76270  Amount of Each Receipt this Period	
Tarzana  CA 91357  FEC ID number of contributing federal political committee.  Name of Employer Arash Horizon, MD  Receipt For: 2013 Primary Other (specify) ▼ Calendar Year  Full Name (Last, First, Middle Initial)  Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City  CA 91357  Calculation Physician  Aggregate Year-to-Date ▼  350.00  State Zip Code	Transaction ID : 11AI-76270  Amount of Each Receipt this Period	
Tarzana  CA 91357  FEC ID number of contributing federal political committee.  Name of Employer  Arash Horizon, MD  Receipt For: 2013  Primary  Other (specify) ▼  Calendar Year  Full Name (Last, First, Middle Initial)  Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City  CA 91357  Cocupation  Physician  Aggregate Year-to-Date ▼  350.00  State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer  Arash Horizon, MD  Receipt For: 2013  Primary  Other (specify)  Calendar Year  Full Name (Last, First, Middle Initial)  Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City  State  Zip Code		
Arash Horizon, MD  Receipt For: 2013  Primary  Other (specify) ▼ Calendar Year  Full Name (Last, First, Middle Initial)  Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City  Physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  State Zip Code		
Receipt For: 2013  Primary  Other (specify)  Calendar Year  Full Name (Last, First, Middle Initial)  Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City  Aggregate Year-to-Date   Aggregate Year-to-Date   Aggregate Year-to-Date   State Zip Code		
Primary General  Other (specify) ▼ Calendar Year  Full Name (Last, First, Middle Initial)  Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City State Zip Code		
Mark Labowe MD  Mailing Address 100 Ucla Medical Plaza, #747  City State Zip Code		
City State Zip Code	Date of Receipt	
'	M = M / D = D / Y = Y = Y	
'	07 31 2013 Transaction ID : 1141 76265	
	Transaction ID : 11AI-76265  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	250.00	
Name of Employer Occupation		
Mark Labowe, MD Physician		
Receipt For: 2013  Primary  Other (specify) ▼  Calendar Year  Aggregate Year-to-Date ▼  350.00		
Full Name (Last, First, Middle Initial)		
Leonard Newman MD	Date of Receipt	
Mailing Address 40 El Toyonal	07 31 2013	
City State Zip Code Orinda CA 94563	Transaction ID : 11AI-76266  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	250.00	
Name of Employer Occupation		
Leonard Newman, MD Physician		
Receipt For: 2013 Aggregate Year-to-Date ▼		
Primary General  Other (specify) ▼ Calendar Year		
SUBTOTAL of Receipts This Page (optional)		

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

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

I TOTAL MONDER.				PAGE	=	7	OF	9	
(ch	eck only	or or	ne)						
×	11a		11b		11c		12	2	
	13		14		15		16	6	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.

or for commercial purposes, other than using	ng the name and address of any political committee to	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Cooperative of American Ph	nysicians Federal Political Action Con	nmittee
Full Name (Last, First, Middle Initial)  A. Renuka Patel MD		Date of Receipt
Mailing Address 8357 Florence Ave.		07 31 2013
City	State Zip Code CA 90240	Transaction ID : 11Al-76271
Downey of contribution		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Renuka Patel, MD	Physician	
Receipt For: 2013  Primary General  Other (specify)  Calendar Year	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Kiet Tran MD		Date of Receipt
Mailing Address 815 W. Cesar Chavez A		07 31 2013
City	State Zip Code CA 90012	Transaction ID : 11Al-76260
Los Angeles	CA 90012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kiet Tran, MD	Occupation	
Receipt For: 2013	Physician	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify)   Calendar Year	250.00	
Full Name (Last, First, Middle Initial)	·	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (ontion	al)	500.00
(opinon		
TOTAL This Period (last page this line nu	mber only)	1250.00

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 9						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	. NOMBETT.					
TI ENTILLE DISDOTTSLIVILIATS	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26					
	Detailed Sulfillidity Fage	27	28a 28b 28c 29 30b					
Any information copied from such Reports and State								
or for commercial purposes, other than using the nar	ne and address of any politic	cal committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
$ \; angle$ Cooperative of American Physicial	ns Federal Political <i>i</i>	Action Com	mittee					
Full Name (Last, First, Middle Initial)								
A. Friends of Kelly Ayotte			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 101 Charles Street			07 31 2013					
City	State Zip Code							
Manchester	NH 03101		Transaction ID: 23-737					
Purpose of Disbursement								
Political Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	3000.00					
Kelly Ayotte	mont For: 2040	Туре	000.00					
Office Sought: House Disburse	ment For: 2016 Primary General							
President	Other (specify)							
State: NH District:	<b>、</b> ,							
Full Name (Last, First, Middle Initial)								
B. Denham for Congress			Date of Disbursement					
Markey Address = = =			07 15 2013  Transaction ID : 23-736					
Mailing Address PO Box 1830			07 15 2013					
City	State Zip Code		Transaction ID 00 Too					
Modesto	CA 95353		ransaction ID: 23-736					
Purpose of Disbursement Political Contribution		244	Amount of Food Bill					
Candidate Name		011	Amount of Each Disbursement this Period					
Jeff Denham		Category/ Type	2500.00					
	ment For: 2014	турс						
Senate	Primary General							
President	Other (specify) ▼							
State: CA District: 10								
Full Name (Last, First, Middle Initial)			Data of Dishara and					
C. Sherman for Congress			Date of Disbursement					
Mailing Address 4570 Van Nuys Blvd., #270			07 02 2013					
City	State Zip Code		Transaction ID : 23-731					
Sherman Oaks Purpose of Disbursement	CA 91403							
Political Contribution		011	Amount of Fools Dishursons and this David					
Candidate Name			Amount of Each Disbursement this Period					
Brad Sherman		Category/ Type	500.00					
Office Sought: House Disburse	ment For: 2014							
Senate	Primary General							
President Pictrict: 07	Other (specify) ▼							
State: CA District: 27								
SUBTOTAL of Disbursements This Page (optional)			6000.00					
CODITION DISDUISEMENTS THIS Fage (optional)								
TOTAL This Period (last page this line number only	)							

SCHEDULE B (FEC Form 3X)	Hoo concrete actividad (	-	OR LINE NUMBER: PAG				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 X 23	24 25 26			
	Detailed Summary Page	27	28a 28b	28c 29 30			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
Cooperative of American Physician	s Federal Political <i>i</i>	Action Com	mittee				
Full Name (Last, First, Middle Initial)  A. Juan Wargas for Congress			Date of Disbursem	nent			
A. Juan Vargas for Congress			M M / D D				
Mailing Address 5429 Madison Ave			07 15 2013				
	tate Zip Code		Transaction ID :	23-735			
Sacramento Purpose of Disbursement	CA 95841		mansaciium ID :	_0.00			
Purpose of Disbursement Political Contribution		011	Amount of Each D	Disbursement this Period			
Candidate Name		Category/		2500.00			
Juan C Vargas  Office Sought:	ent For: 0041	Type		∠500.00			
	ent For: 2014 Primary General						
President	-						
State: CA District: 51							
Full Name (Last, First, Middle Initial)			Data of District	vont			
В.			Date of Disbursement				
Mailing Address							
City	tate Zip Code						
Purpose of Disbursement							
Candidate Name			Amount of Each D	Disbursement this Period			
Canadate Ivallie		Category/ Type					
Office Sought: House Disbursem	ent For:	. 7 17 ~	,	,			
	,						
State: District:	Uther (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursem				
Mailing Address			M M / D D	) / Y			
City S	tate Zip Code						
•							
Purpose of Disbursement	e: CA District: 51  Name (Last, First, Middle Initial)  ing Address  State Zip Code  pose of Disbursement  didate Name  Disbursement For: Senate President e: District:  Name (Last, First, Middle Initial)  ing Address  State Zip Code  Other (specify)   ing Address						
Candidate Name		Category/	Amount of Each D	Disbursement this Period			
Office Sought: House Disbursem	ent For:	Туре		7			
Senate	Primary General						
	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)				2500.00			
TOTAL This Period (last page this line number only).				8500.00			