

**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
REPORT☒NEW
(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
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y
07 31 2013

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 Rebecca Olson

Signature of Treasurer

Rebecca Olson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 15 2013

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
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		102525.22
(b) Cash on Hand at Beginning of Reporting Period.....	91452.22	
(c) Total Receipts (from Line 19)	2450.00	39877.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93902.22	142402.22
7. Total Disbursements (from Line 31)	8500.00	57000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85402.22	85402.22
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
 07 / 01 / 2013

To:

 M M / D D / Y Y Y Y
 07 / 31 / 2013
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).....

1250.00

16550.00

(ii) Unitemized

1200.00

23327.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2450.00

39877.00

(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) ►

2450.00

39877.00

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))..... ►

2450.00

39877.00

20. Total Federal Receipts

(subtract Line 18(c) from 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
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.....	8500.00	57000.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)) ..	8500.00	57000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2450.00	39877.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2450.00	39877.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 9

(check only one)

☒ 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. Arash Horizon MD

Mailing Address PO Box 572140

City State Zip Code
 Tarzana CA 91357

FEC ID number of contributing federal political committee.

C

Name of Employer

Arash Horizon, MD

Occupation

Physician

Receipt For: 2013

☐ 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
 07 31 2013

Transaction ID : 11AI-76270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Labowe MD

Mailing Address 100 UCLA Medical Plaza, #747

City State Zip Code
 Los Angeles CA 90024

FEC ID number of contributing federal political committee.

C

Name of Employer

Mark Labowe, MD

Occupation

Physician

Receipt For: 2013

☐ 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
 07 31 2013

Transaction ID : 11AI-76265

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Leonard Newman MD

Mailing Address 40 El Toyonal

City State Zip Code
 Orinda CA 94563

FEC ID number of contributing federal political committee.

C

Name of Employer

Leonard Newman, MD

Occupation

Physician

Receipt For: 2013

☐ 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
 07 31 2013

Transaction ID : 11AI-76266

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

☒ 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. Renuka Patel MD

Mailing Address 8357 Florence Ave.

City State Zip Code
Downey CA 90240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renuka Patel, MD

Occupation

Physician

Receipt For: 2013

☐ 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
07 31 2013

Transaction ID : 11AI-76271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kiet Tran MD

Mailing Address 815 W. Cesar Chavez Ave., #201

City State Zip Code
Los Angeles CA 90012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kiet Tran, MD

Occupation

Physician

Receipt For: 2013

☐ 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
07 31 2013

Transaction ID : 11AI-76260

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)..... ►

1250.00

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

PAGE 8 OF 9

<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. Friends of Kelly Ayotte

Mailing Address 101 Charles Street

City	State	Zip Code
Manchester	NH	03101

Purpose of Disbursement
Political Contribution

011

Candidate Name

Kelly AyotteCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : 23-737

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Denham for Congress

Mailing Address PO Box 1830

City	State	Zip Code
Modesto	CA	95353

Purpose of Disbursement
Political Contribution

011

Candidate Name

Jeff DenhamCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

Transaction ID : 23-736

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Sherman for Congress

Mailing Address 4570 Van Nuys Blvd., #270

City	State	Zip Code
Sherman Oaks	CA	91403

Purpose of Disbursement
Political Contribution

011

Candidate Name

Brad ShermanCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2013

Transaction ID : 23-731

Amount of Each Disbursement this Period

500.00

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

6000.00

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

PAGE 9 OF 9

<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. Juan Vargas for Congress

Mailing Address 5429 Madison Ave

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
Political Contribution

Candidate Name

Juan C VargasOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 23-735

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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)..... ►

2500.00

8500.00
