Image# 12971241506 PAGE 1 / 10

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

(a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Vera Chriy) PRE-Election Report for the:  Convention (12C) Special (12S)  Cotober 15 Quarterly Report (Non-election Report for the:  Special (12S)  Election on  Fermination Report (TER)  Covering Period  April 15 Quarterly Report (Q2) Doctober 15 Quarterly Report (Q3) Danuary 31 Felection (Non-election Report for the:  Convention (12C) Special (12S)  Felection on		or Other Than An Aut	norized Committee	Office Use Only
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  Coo492116  STATE		TYPE OR PRINT ▼		De 12FE4M5
ADDRESS (number and street)  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00492116  3. IS THIS NEW (N) OR AMENDED (A)  4. TYPE OF REPORT (b) Monthly Report (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  Cuctober 15 Quarterly Report (Q2)  Quarterly Report (Q3)  January 21 Year-End Report (Q4)  July 31 Mid-Year Report (Non-election Year Crity) (MY)  Termination Report  (ITR)  Termination Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Kirk Pessner  IElectronically Filed)  Date  FEC FORM 3X  FEC FORM 3X	Cooperative of America	an Physicians IE Cor	nmittee	
ADDRESS (number and street)  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00492116  3. IS THIS NEW (N) OR AMENDED (A)  4. TYPE OF REPORT (b) Monthly Report (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  Cuctober 15 Quarterly Report (Q2)  Quarterly Report (Q3)  January 21 Year-End Report (Q4)  July 31 Mid-Year Report (Non-election Year Crity) (MY)  Termination Report  (ITR)  Termination Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Kirk Pessner  IElectronically Filed)  Date  FEC FORM 3X  FEC FORM 3X				
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00492116  3. IS THIS REPORT  (Choose One)  (A)  APPE OF REPORT  (Choose One)  (A)  April 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  Qctober 15  Quarterly Report (Q3)  January 31  January 31  January 31  January 31  April 5  C Covering Period  Q4  C 12-Day  PRE-Election Report (TER)  PRE-Election General (30G)  Report for the:  Election on  Election	ADDRESS (number and street)	333 S Hope St 8th Floor		
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00492116  3. IS THIS REPORT  (Choose One)  (A)  APPE OF REPORT  (Choose One)  (A)  April 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  Qctober 15  Quarterly Report (Q3)  January 31  January 31  January 31  January 31  April 5  C Covering Period  Q4  C 12-Day  PRE-Election Report (TER)  PRE-Election General (30G)  Report for the:  Election on  Election	Chook if different			
A. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) Termination Report (TER)  Termination Report (TER)  Covering Period  Q4  Q4  Q4  Q5  Q6  Q6  Q7  Q7  Q7  Q7  Q8  Q8  Q9  Q9  Q9  Q9  Q9  Q9  Q9  Q9	than previously	Los Angeles		CA 90071
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (ON) PRE-Election Report for the:  Convention (12C) Special (12S)  Covering Period  Covering Period  April 15 Covering Period  Coverin	2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y <b>▲</b>	STATE ▲ ZIP CODE ▲
(Choose One)  (Report Due On:	C C00492116			
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)  Termination Report (	(Choose One)	Report Due On:		(Non-Election Year Only)  (Non-Election Year Only)  Dec 20 (M12) (Non-Election
Cuarterly 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)  Election on  Ele	April 15	Apr	20 (M4) Jul 20	(M7) Oct 20 (M10) Jan 31 (YE)
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)  Convention (12C)  Special (12S)  Flection on  Special (12S)  Flection on  F	Quarterly Report (Q	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report for the:  Termination Report (TER)  General (30G) Runoff (30R) Special (30S) Report for the:  Election on  Election on  Report for the:  Election on  Felority 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 Pessner  [Electronically Filed]  Date  FEC FORM 3X  FEC FORM 3X		2)	Convention (12C)	Special (12S)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report for the:    In the State of   State		3)		
Report (Non-election Year Only) (MY)  Termination Report (TER)  Report for the:  Election on  El		Ξ) Electio		iii tiic
Election on State of O4 01 2012 through 04 30 2012.  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 Pessner  [Electronically Filed] Date 05 18 2012  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 FEC FORM 3X	Report (Non-election	POST-Election	General (30G)	Runoff (30R) Special (30S)
5. Covering Period 04 01 2012 through 04 30 2012  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 Pessner  Signature of Treasurer Kirk Pessner  [Electronically Filed] Date 05 18 2012  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 FORM 3X		Electio	n on	
Type or Print Name of Treasurer Kirk Pessner  Signature of Treasurer Kirk Pessner  [Electronically Filed] Date  Office  Date  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature of Treasurer  Kirk Pessner  [Electronically Filed]  Date  Date	I certify that I have examined thi	s Report and to the best of	my knowledge and belief	it is true, correct and complete.
Signature of Treasurer  Kirk Pessner  [Electronically Filed]  Date  05  18  2012  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  FEC FORM 3X	Type or Print Name of Treasurer	Kirk Pessner		
Office FORM 3X	Signature of Treasurer Kirk F	essner	[Electronically Filed	
	NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person si	gning this Report to the penalties of 2 U.S.C. §437g.
Use   Rev. 12/2004	Use			

FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name	IF O '11	
Cooperative of American Physicia	ns IE Committee	
Report Covering the Period: From:	04 01 / 2012	To: 04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2012		829019.58
(b) Cash on Hand at  Beginning of Reporting Period	1911600.31	
(c) Total Receipts (from Line 19)	753.14	1255951.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1912353.45	2084971.16
7. Total Disbursements (from Line 31)	12621.00	185238.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1899732.45	1899732.45
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multic	andidate 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)

Write or Type Committee Name

## Cooperative of American Physicians IE Committee

	I. Receipts	COLUMN A	COLUMN B
	i. Receipts	Total This Period	Calendar Year-to-Date
I. Co	ontributions (other than loans) From:		
(a)			
	Than Political Committees	000.00	1255577.81
	(i) Itemized (use Schedule A)	600.00	1233377.81
			0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add	000.00	1255577 04
	Lines 11(a)(i) and (ii)▶	600.00	1255577.81
(1.)	Ballitani Bara Garantii	0.00	0.00
(b)		0.00	3.00
(c)		0.00	0.00
(م)	(such as PACs)  Total Contributions (add Lines	7	
(d)			
	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)	600.00	1255577.81
) Tr	ansfers From Affiliated/Other		
	urty Committees	0.00	0.00
1 6	arty Committees	0.00	3 3
. ΔII	Loans Received	0.00	0.00
. ,	Louis Floodived	7	
	an Danasanta Dasaisad	0.00	0.00
	an Repayments Received	0.00	0.00
	fsets To Operating Expenditures		
	efunds, Rebates, etc.)	0.00	0.00
	arry Totals to Line 37, page 5)		0.00
	efunds of Contributions Made Federal Candidates and Other		
	Pederal Candidates and Other	0.00	0.00
	her Federal Receipts	0.00	0.00
	·	152.14	373.77
	ividends, Interest, etc.)and Levin Funds	153.14	3/3.//
	Non-Federal Account		
(a,	(from Schedule H3)	0.00	0.00
	(IIOIII Odiloddio 110)	0.00	0.00
,, ,		0.00	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
	Total Transfers (add 19/s) and 19/h))	0.00	200
/-\	Total Transfers (add 18(a) and 18(b))	0.00	0.00

### **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	10.001 11110 1 01100	Calelidai Teal-IO-Dale	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(") No Follow Oleve	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures	11621.00	154238.71	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	11621.00	154238.71	
. Transfers to Affiliated/Other Party	0.00	0.00	
Committees	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures	0.00	0.00	
(use Schedule E)	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
(ase concade 1)			
. Loan Repayments Made	0.00	0.00	
	0.00	0.00	
Loans Made	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
man i ontical committees	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	
Other Disbursements	1000.00	31000.00	
Follow I Floring Add 7 (0.11.0.0. 0.404/00))			
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	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	5.55		
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))	12621.00	185238.71	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	12621.00	185238.71	

### **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)	600.00	1255577.81
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	600.00	1255577.81
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	11621.00	154238.71
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	11621.00	154238.71

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE	: PAGE	E 6 OF	10	
(check only	y one)			
<b>X</b> 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.

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Cooperative of American Phys	icians IE Committee			
Full Name (Last, First, Middle Initial)  Cooperative of American Physicians  Mailing Address 333 S Hope St 8th Floor	Date of Receipt			
City	City State Zip Code			
Los Angeles  FEC ID number of contributing	CA 90071	Transaction ID : 11AI-38  Amount of Each Receipt this Period		
federal political committee.  Name of Employer	Occupation	600.00 In-Kind: Legal & Accounting Services		
Receipt For: 2011		-		
Primary General  Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼  1256177.81			
Full Name (Last, First, Middle Initial)  3.		Date of Receipt		
Mailing Address  City State Zip Code		M = M / D = D / Y = Y = Y		
City	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 ▼			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address	Mailing Address			
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer	Name of Employer Occupation			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		600.00		
TOTAL This Period (last page this line number	only)	600.00		

### S 17

C	OUEDINE A (FEO Forms OV)			
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 7 OF 10 (check only one)
IT	EMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	11a   11b   11c   12 13   14   15   16   X   17
Ai	ny information copied from such Reports and State for commercial purposes, other than using the i	atements mand a	ay not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Cooperative of American Physici	ians IE (	Committee	
Α.	Full Name (Last, First, Middle Initial) Wells Fargo Bank			Date of Receipt
	Mailing Address 333 South Grand Avenue			04 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17-40-0
	Los Angeles	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		153.14
	Name of Employer	Occupation		Interest Earned
	Receipt For: 2012 Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)  Calendar year		373.77	
В.	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	Aggregate	Year-to-Date ▼	
	Primary General  Other (specify) ▼		<b>A. A A</b>	
<del>С</del> .	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:	Angregato	Year-to-Date ▼	
	Primary General	Aggregate	10a1-10-Date ▼	
	Other (specify) ▼		7	
5	SUBTOTAL of Receipts This Page (optional)			153.14

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

153.14

SCHEDULE B (FEC Form 3X)	Lloo concrete asharists	·/a\	FOR LINE NUMBER: PAGE 8 OF 10		
TEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	ie (oncor only	7 one) 22 23 24 25 26 28a 28b 28c 29 30		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)  Cooperative of American Physicia		milical committee to	Solicit Continuations from Such Committee.		
Full Name (Last, First, Middle Initial)					
Cooperative of American Physicia	ns		Date of Disbursement		
Mailing Address 333 S Hope St 8th Floor			04 13 2012		
City	State Zip Code CA 90071		Transaction ID : 21B-38-N		
Los Angeles Purpose of Disbursement	CA 90071				
In-Kind: Legal & Accounting Services			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	600.00		
Senate President	ment For:    Primary				
State: District:					
3. Craig Brown Governmental Relation	ame (Last, First, Middle Initial) ig Brown Governmental Relations		Date of Disbursement		
Mailing Address 1121 L Street, #103			04 09 2012		
City Sacramento	State Zip Code CA 95814		Transaction ID : 21B-66		
Purpose of Disbursement	93014				
Consultant: State Public Policy  Candidate Name		007	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	5000.00		
Office Sought:    House   Disburse	ment For: Primary Genera Other (specify) ▼	ıl			
Full Name (Last, First, Middle Initial)  Holland & Knight LLP			Date of Disbursement		
Mailing Address Post Office Box 864084		04 25 2012			
City Orlando	State Zip Code FL 32886		Transaction ID : 21B-69		
Purpose of Dishursoment		001			
Purpose of Disbursement Consultant: Federal Public Policy			Amount of Each Disbursement this Period		
Consultant: Federal Public Policy  Candidate Name		Category/	5021.00		
Consultant: Federal Public Policy  Candidate Name	ement For:  Primary General  Other (specify)	Type	5021.00		

### S 17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 9 OF 10
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	INOMBEIT.
	for each category of the Detailed Summary Page		22 23 24 25 26
	age	27	28a 28b 28c 29 30l
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any poli	tical committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	IE 0 '''		
Cooperative of American Physicia	ns ie Committee		
Full Name (Last, First, Middle Initial)			
A. Michael S. Emerson Productions			Date of Disbursement
Mailing Address 602 Pacific Cove Dr			04 25 2012
Maining Additions 602 Facility 6000 Bi			25 2512
City	State Zip Code		Transaction ID : 21B-73
Port Hueneme Purpose of Disbursement	CA 93041	T	11411040401112 1212 10
Speaker Event Fee		007	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
	ement For:		
Senate President	Primary General Other (specify)		
State: District:	Office (Specify)		
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Tulpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
	ement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Carlot (opcony)		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disburse	amont For	Туре	
Office Sought: House Disburse Senate	ement For:    Primary   General		
President	Other (specify)		
State: District:			
			1000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00
TOTAL This Period (last page this line number onli	/)		11621.00
	, , ·····		

CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	e Concor only	
LIMELD DIODONOLIVILIANO		e   n	
	L Dollanda Garrillary Fay		
		27	28a 28b 28c X 29 30
ny information copied from such Reports and State			
r for commercial purposes, other than using the na	me and address of any po	olitical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	I= 0		
Cooperative of American Physicia	ns IE Committee		
Full Name (Last, First, Middle Initial)			
Republican Jewish Coalition	Date of Disbursement		
Mailing Address 50 F Street NW, Suite 100			04 18 2012
City	State Zip Code		
Washington	DC 20001		Transaction ID: 29-72-S
Purpose of Disbursement Donation		240	
Candidate Name		012	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	ement For:		[MEMO ITEM]
Senate   President	Primary Genera	ıl	SUBVENDOR to David B. Sievers MD
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
David B Sievers MD			Date of Disbursement
Mailing Address 18370 Burbank Blvd. #607			04 18 2012
10070 Balbalik Biva. 7007			
City Tarzana	State Zip Code CA 91356		Transaction ID : 29-71
Purpose of Disbursement	31000		
Donation		012	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disburse	ement For:		
Senate	Primary Genera	ıl	
President	Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)			
			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disburse	ement For:	Туре	
Senate	Primary Genera	u	
President	Other (specify) ▼		
State: District:			
<u> </u>			1000 55
SUBTOTAL of Disbursements This Page (optional).		·····	1000.00