06/18/2010 13:22

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Cooperative of American Physicians Federal Political Action Committee 333 S. Hope Street, 8th Floor ADDRESS (number and street) Check if different than previously Los Angeles CA 90071 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00161604 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2010 05 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kirk Alan Pessner Type or Print Name of Treasurer Electronically Filed by Kirk Alan Pessner 06 8 0 2010 Signature of Treasurer Date 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** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/18

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee D D " D 05 0 1 2010 0.5 3 1 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 178337.22 January 1 (b) Cash on Hand at 163923.22 Begining of Reporting Period 11605.00 49041.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 175528.22 227378.22 6(a) and 6(c) for Column B) 12000.00 63850.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 163528.22 163528.22 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

X 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) 3 / 18

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period:

From:

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та.

м м 0 5 ^D 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	9000.00	26600.00
(ii) Unitemized	2605.00	22441.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11605.00	49041.00
(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)	11605.00	49041.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
. 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)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11605.00	49041.00
Total Federal Receipts (subtract Line 18(c) from Line 19)	11605.00	49041.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
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	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
Federal Candidates/Committeesand Other Political Committees	12000.00	31550.00
. Independent Expenditure	0.00	20202.00
(use Schedule E) Coordinated Expenditures Made by Party	0.00	32300.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
'. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12000.00	63850.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	10000 00	22252.22
from Line 31)	12000.00	63850.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 18

III. Net Contribution Expenditur		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other from Line 11(d), page 3)	· · · · · · · · · · · · · · · · · · ·	11605.00	49041.00
34. Total Contribution Refund (from Line 28(d))		0.00	0.00
 Net Contributions (other t (subtract Line 34 from Line) 	, , , , , , , , , , , , , , , , , , ,	11605.00	49041.00
36. Total Federal Operating E (add Line 21(a)(i) and Line	·	0.00	0.00
37. Offsets to Operating Exp (from Line 15, page 3)		0.00	0.00
38. Net Operating Expenditur (subtract Line 37 from Line)		0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Cooperative of American Physicians F	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Reuel Asinas, MD Mailing Address 27164 Bidwell Lane City Valencia FEC ID number of contributing federal political committee. Name of Employer Reuel Asinas, MD	State CA C Occupation Physician	n	Date of Receipt M M / D D / Y Y Y Y Y Y 0 5 2 8 2 0 1 0 Transaction ID: 11AI-74156 Amount of Each Receipt this Period 250.00
_	Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 250.00	
В.	Philip Biderman, MD Mailing Address 13320 Riverside Drive, City Sherman Oaks FEC ID number of contributing federal political committee. Name of Employer Philip Biderman, MD	state CA C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 11AI-74129 Amount of Each Receipt this Period 250.00
_	Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year	, ' ' ' 	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Roger Dainer, DO Mailing Address 4626 Willow Road City Pleasanton FEC ID number of contributing federal political committee. Name of Employer Roger Dainer, MD Receipt For: 2010 Primary General X Other (specify) Calendar Year	State CA C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to as Federal Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen Doggett, MD Mailing Address PO Box 2901 City Newport Beach FEC ID number of contributing federal political committee. Name of Employer Stephen Doggett, MD Receipt For: 2010 Primary General X Other (specify) Calendar Year	State Zip Code CA 92659 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 11AI-74151 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Tony Feuerman, MD Mailing Address 16133 Ventura Blvo City Encino FEC ID number of contributing federal political committee. Name of Employer Tony Feuerman, MD Receipt For: 2010 Primary General X Other (specify) Calendar Year	State Zip Code CA 91436 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 11AI-74147 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Laszlo Galffy, MD Mailing Address 3301 Park Vista Dri City La Crescenta FEC ID number of contributing federal political committee. Name of Employer Laszlo Galffy, MD Receipt For: 2010 Primary General X Other (specify) Calendar Year	State Zip Code CA 91214 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 11AI-74168 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the 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 o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cooperative of American Physician	ns Federal Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Felicitas Halili, MD			Date of Receipt
Mailing Address 6943 Roundup Way	у		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Orange	State CA	Zip Code 92869	Transaction ID: 11AI-74173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92009	250.00
Name of Employer Felicitas Halili, MD	Occupatio Physicial		
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year		e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Richard Harris, MD			Date of Receipt
Mailing Address 45848 Palmetto Wa	ay		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Temecula	State CA	Zip Code 92592	Transaction ID: 11AI-74167
FEC ID number of contributing federal political committee.	C	92392	Amount of Each Receipt this Period 250.00
Name of Employer Richard Harris, MD	Occupatio Physicial		
Receipt For: 2010	- ' ' ' - '	e Year-to-Date ▼	
Primary General X Other (specify) ▼ Calendar Year	0 0	500.00	
Full Name (Last, First, Middle Initial) David Heskiaoff, MD			Date of Receipt
Mailing Address 5170 Sepulveda Blv	vd., #100		05 11 2010
City	State	Zip Code	Transaction ID: 11AI-74161
Sherman Oaks FEC ID number of contributing federal political committee.	CA	91403	Amount of Each Receipt this Period 250.00
Name of Employer David Heskiaoff, MD	Occupatio Physicial		
Receipt For: 2010 Primary General X Other (specify)		e Year-to-Date ▼ 250.00	1
X Other (specify) ▼ Calendar Year	0 0	0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional	al))	750.00
TOTAL This Period (last page this line num	ber only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Cooperative of American Physicians Fe	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Bruce Joseph, MD Mailing Address 6001 Truxtun Ave., Ste City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Bruce Joseph, MD Receipt For: 2010 Primary General	State CA C Occupation Physician		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 11AI-74136 Amount of Each Receipt this Period 250.00
- В.	X Other (specify) Calendar Year Full Name (Last, First, Middle Initial) F Bruce Kimball, MD Mailing Address 3551 Garrison City San Diego FEC ID number of contributing federal political committee. Name of Employer F Bruce Kimball, MD Receipt For: 2010 Primary General X Other (specify) General	State CA C Occupatio Physicia Aggregate	Zip Code 92106	Date of Receipt M M M / D D / Y Y Y Y Y O 5 1 1 1 2 0 1 0 Transaction ID: 11Al-74165 Amount of Each Receipt this Period 250.00
_ C.	Tother (specify) Calendar Year Full Name (Last, First, Middle Initial) Charles Klieman, MD Mailing Address 15141 E Whittier Blvd City Whittier FEC ID number of contributing federal political committee. Name of Employer Charles Klieman, MD Receipt For: 2010 Primary General X Other (specify) Calendar Year	State CA C Occupatio Physicia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Cooperative of American Physicians	e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Koning, MD Mailing Address 341 Magnolia Ave., #	202	Date of Receipt
City Corona	State Zip Code CA 92879	Transaction ID: 11AI-74170 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Lawrence Koning, MD Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Louis Lesko, MD Mailing Address 2645 Ocean Ave., #3	01	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 11AI-74146
San Francisco FEC ID number of contributing federal political committee.	CA 94132	Amount of Each Receipt this Period 250.00
Name of Employer Louis Lesko, MD	Occupation Physician	
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Stewart Lonky, MD		Date of Receipt
Mailing Address 8540 S Sepulveda Bl	vd Ste 1010	05 12 2010
City	State Zip Code	Transaction ID: 11AI-74159
Los Angeles FEC ID number of contributing federal political committee.	CA 90045	Amount of Each Receipt this Period 250.00
Name of Employer Stewart Lonky, MD	Occupation Physician	
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	1	1000.00

SCHEDULE A (FEC Form 3X)

City Mission Vieio FEC ID number of contributing federal political committee. Name of Employer Kent Marangi, MD Primary General X Other (specify) ▼ Calendar Year FUII Name (Last, First, Middle Initial) Santa Barbara FEC ID number of contributing federal political committee. Primary General X Other (specify) ▼ Calendar Year Santa Barbara CA 93101 Date of Receipt Transaction ID: 11AI-74135 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74131 Amount of Each Receipt this Perion Transaction ID: 11AI-74138 Transaction ID: 11AI-74138 Transaction ID: 11AI-74138 Amount of Each Receipt this Perion Transaction ID: 11AI-74138 Amount of Each Receipt this Perion	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Mailing Address 26401 Crown Valley Pky #101 City State Zip Code CA 92691 FEC ID number of contributing federal political committee. Name of Employer General Zib Nathan, MD Mailing Address 1335 State St. City State Zip Code CA 93101 Primary General Zib Code CA 93101 Publisham Date of Receipt Transaction ID: 111Al-74145 Amount of Each Receipt this Perior Sould Physician Preceipt For: 2010 Physician Preceipt For: 2010 Primary General Sussessible Processible Process	or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 26401 Crown Valley Pky #101 City State Zip Code CA 92691 FEC ID number of contributing federal political committee. Name of Employer Calendar Year Transaction ID: 11Al-74145 Amount of Each Receipt this Perior Sould Physician Receipt For: 2010 Aggregate Year-to-Date ▼ Samuel Zev Nathan, MD Mailing Address 1335 State St. City State Zip Code CA 93101 FEC ID number of contributing federal political committee. C State Zip Code CA 93101 FEC ID number of contributing federal political committee. Name of Employer Samuel Zev Nathan, MD Mailing Address 200 Jose Figueres Ave #305 City State Zip Code Samuel Zev Nathan, MD Physician Receipt For: 2010 Aggregate Year-to-Date ▼ Primary General Sould Suresh Nayak, MD Mailing Address 200 Jose Figueres Ave #305 City State Zip Code CA 95116 FEC ID number of contributing federal political committee. C State Zip Code CA 95116 C State Zip Code CA 95116 C State Zip Code CA 95116 FEC ID number of contributing federal political committee. C State Zip Code CA 95116 C State Zip Code CA 95116 FEC ID number of contributing federal political committee. C State Zip Code CA 95116 FEC ID number of contributing federal political committee. C State Zip Code CA 95116 FEC ID number of contributing federal political committee. C State Zip Code CA 95116 FEC ID number of contributing federal political committee. C State Zip Code CA 95116 FEC ID number of contributing federal political committee.	Full Name (Last, First, Middle Initial)	T dadrar Folition Folition Committee	Date of Receipt
Mission Vieio FEC ID number of contributing federal political committee. Name of Employer Calendar Year Value		•	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Kent Marangi, MD Receipt For: 2010		•	
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year Full Name (Last, First, Middle Initial)	FEC ID number of contributing		Amount of Each Receipt this Period 500.00
Primary General X Other (specify) ▼ S00.00	Name of Employer Kent Marangi, MD		
Samuel Zev Nathan, MD Mailing Address 1335 State St. City State Zip Code CA 93101 FEC ID number of contributing federal political committee. Name of Employer Samuel Zev Nathan, MD Primary General X Other (specify) ▼ 250.00 City State Zip Code Primary General X Other (specify) ▼ 250.00 City State Zip Code X State Xip Cod	Primary General		
City State Zip Code CA 93101 FEC ID number of contributing federal political committee. Name of Employer Samuel Zev Nathan, MD Receipt For: 2010 Aggregate Year-to-Date ▼ Primary General X Other (specify) ▼ Cilly Name (Last, First, Middle Initial) Suresh Nayak, MD Mailing Address 200 Jose Figueres Ave #305 City State Zip Code San Jose CA 95116 FEC ID number of contributing federal political committee. Name of Employer Samuel Zev Nathan, MD Date of Receipt M M M O D D D O O O O O O O O O O O O O	Samuel Zev Nathan, MD		M M / D D / Y Y Y Y
Santa Barbara CA 93101 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. Name of Employer Samuel Zev Nathan, MD Primary General X Other (specify) ▼ Calendar Year Full Name (Last, First, Middle Initial) Suresh Nayak, MD Mailing Address 200 Jose Figueres Ave #305 City State Zip Code San Jose CA 95116 FEC ID number of contributing federal political committee. Name of Employer Suresh Nayak, MD Name of Employer Suresh Nayak, MD Name of Employer Suresh Nayak, MD Receipt For: 2010 Primary General Amount of Each Receipt this Perior 250.00 Transaction ID: 11Al-74138 Amount of Each Receipt this Perior 250.1		7.0.1	
FEC ID number of contributing federal political committee. Name of Employer Samuel Zev Nathan, MD Receipt For: 2010	•	•	
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year Full Name (Last, First, Middle Initial) Suresh Nayak, MD Mailing Address 200 Jose Figueres Ave #305 City State Zip Code San Jose CA 95116 FEC ID number of contributing federal political committee. Name of Employer Suresh Nayak, MD Receipt For: 2010 Receipt For: 2010 Receipt For: 2010 Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	FEC ID number of contributing		250.00
Primary General X Other (specify) ▼ Calendar Year Full Name (Last, First, Middle Initial) Suresh Nayak, MD Mailing Address 200 Jose Figueres Ave #305 City State Zip Code San Jose CA 95116 FEC ID number of contributing federal political committee. Name of Employer Suresh Nayak, MD Receipt For: 2010 Primary General Primary General Aggregate Year-to-Date ▼ Primary General	Name of Employer Samuel Zev Nathan, MD	I '	
Suresh Nayak, MD Mailing Address 200 Jose Figueres Ave #305 City State Zip Code San Jose CA 95116 FEC ID number of contributing federal political committee. Name of Employer Suresh Nayak, MD Receipt For: 2010 Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General X Other (specify) ▼		
City State Zip Code San Jose CA 95116 FEC ID number of contributing federal political committee. Name of Employer Suresh Nayak, MD Receipt For: 2010 Aggregate Year-to-Date ▼ Primary General O 5 0 6 2 0 1 Transaction ID: 11AI-74138 Amount of Each Receipt this Period 250.1			Date of Receipt
City State Zip Code CA 95116 FEC ID number of contributing federal political committee. Name of Employer Suresh Nayak, MD Receipt For: 2010 Aggregate Year-to-Date ▼ Primary General Primary General Transaction ID: 11AI-74138 Amount of Each Receipt this Period 250.1	Mailing Address 200 Jose Figueres A	ve #305	
FEC ID number of contributing federal political committee. Name of Employer Suresh Nayak, MD	City	State Zip Code	
federal political committee. Name of Employer Suresh Nayak, MD Receipt For: 2010 Primary General Aggregate Year-to-Date ▼	San Jose	CA 95116	Amount of Each Receipt this Period
Suresh Nayak, MD Physician Receipt For: 2010 Primary General Aggregate Year-to-Date ▼		C	250.00
Primary General 350,00	Name of Employer Suresh Nayak, MD	· ·	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 18 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address 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	s Federal Political Action Committee	
Full Name (Last, First, Middle Initial) John Otis, MD		Date of Receipt
Mailing Address 4150 Regents Park	Row, #250	05 25 YYYYY 2010
City <u>La</u> Jolla	State Zip Code CA 92037	Transaction ID: 11AI-74169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer John Otis, MD	Occupation Physician	
Receipt For: 2010 Primary General X Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Shailesh Patel, MD Mailing Address 4143 Canopy Ct		Date of Receipt
		05 28 2010
City Merced	State Zip Code CA 95340	Transaction ID: 11Al-74144
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Shailesh Patel, MD	Occupation Physician	
Receipt For: 2010 Primary General	Aggregate Year-to-Date ▼ 250.00	1
X Other (specify) ▼ Calendar Year	230.00	
Full Name (Last, First, Middle Initial) Dario Perez, MD		Date of Receipt
Mailing Address 1510 S. Central Ave	e., #200	05 / 03 / 2010
City	State Zip Code CA 91204	Transaction ID: 11AI-74171
Glendale FEC ID number of contributing federal political committee.	CA 91204	Amount of Each Receipt this Period 250.00
Name of Employer Dario Perez, MD	Occupation Physician	
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line numb	·	

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 18 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cooperative of American Physician	<u> </u>		
Full Name (Last, First, Middle Initial) Steven Peterson, MD			Date of Receipt
Mailing Address 691 Pauline Court	Bldg L		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sonora	State CA	Zip Code 95370	Transaction ID: 11AI-74153
FEC ID number of contributing federal political committee.	C	95570	Amount of Each Receipt this Period 1000.00
Name of Employer Steven Peterson, MD	Occupation Physician		
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Thomas Satrom, MD			Date of Receipt
Mailing Address 647 Wellesley Driv	e		0 5 0 5 7 2 0 1 0
City Claremont	State CA	Zip Code 91711	Transaction ID: 11AI-74157
FEC ID number of contributing federal political committee.	C	91/11	Amount of Each Receipt this Period 250.00
Name of Employer Thomas Satrom, MD	Occupation Physician		
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			
James Strebig, MD Mailing Address 4050 Barranca Pkv	vy., #250		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 11AI-74135
Irvine FEC ID number of contributing federal political committee.	CA	92604	Amount of Each Receipt this Period 500.00
Name of Employer James Strebig, MD	Occupation Physician		
Receipt For: 2010 Primary General X Other (specify) Calendar Year		e Year-to-Date ▼ 500.00	
			1750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(crieck only one)
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commi	person for the purpose of soliciting contributions ttee 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) J. Bradley Taylor, MD		Date of Receipt
	Mailing Address 30421 Via Festivo		05 11 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 11AI-74139
	San Juan Capistran	CA 92675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer J. Bradley Taylor, MD	Occupation Physician	
	Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 250.0	0
_	Full Name (Last, First, Middle Initial) Lawrence Tran, MD	1	Date of Receipt
	Mailing Address 1465 Voyager Drive		05 05 7 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-74123
	Tustin	CA 92782	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lawrence Tran, MD	Occupation Physician	
	Receipt For: 2010	Aggregate Year-to-Date ▼	
	Primary General X Other (specify) ▼ Calendar Year	250.00	0
_	Full Name (Last, First, Middle Initial) Romeo Velasco, MD		Date of Receipt
	Mailing Address 2316 Branden St		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 11AI-74172
	Los Angeles	CA 90026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Romeo Velasco, MD	Occupation Physician	
	Receipt For: 2010	Aggregate Year-to-Date ▼	
	Primary General X Other (specify) ▼ Calendar Year	250.00	0
Г			750.00

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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 15 / 18 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cooperative of American Physicians I	Federal Political Action Committee	
Full Name (Last, First, Middle Initial) Robert Yun, MD Mailing Address 22353 N. Summit Rid		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chatsworth	State Zip Code CA 91311	Transaction ID: 11AI-74132 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Robert Yun, MD	Occupation Physician	
Receipt For: 2010 Primary General X Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	9000.00

ΙT	CHEDULE B (FEC FO			rate schedule(s)		E NUMBER: PAGE 16 / 18
	EMIZED DISBURSEM	ENTS	for each o	category of the Summary Page	(check on 21b	22 X 23 24 25
_					27	28a 28b 28c 29
						for the purpose of soliciting contributions plicit contributions from such committee
$\overline{}$	NAME OF COMMITTEE (In Full)					
	Cooperative of American Physical Physic	ysicians Federa	ıl Politica	I Action Comm	nittee	
	Full Name (Last, First, Middle Initi Democratic Senatorial Camp		e			Transaction ID: 23-564 Date of Disbursement
	Mailing Address 120 Maryla	and Ave, NE				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Washington		tate OC	Zip Code 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution				011	5000.00
	Candidate Name Democratic Senatorial Camp	aign Committe	е		Category/ Type	
	Office Sought: House Senate	Disbursen	nent For: Primary	2010 General		
	President	X	Other (spe			
	State: District: Full Name (Last, First, Middle Initi	Calendar	year			
	Friends of Roy Blunt	aı)				Transaction ID: 23-563 Date of Disbursement
	Mailing Address Post Office	Box 50100				$\begin{bmatrix} 0.5 & \text{M} & \text{M} & \text{D} & \text{D} & \text{D} & \text{M} & \text{Y} &$
	City Springfield		tate MO	Zip Code 65805		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution				011	750.00
	Candidate Name Roy Blunt				Category/ Type	
	Office Sought: House X Senate		nent For: Primary Other (spe	2010 General		
	President					
	State: MO District:			o <i>y</i>) ∀		
		al)				Transaction ID: 23-559 Date of Disbursement
	State: MO District: Full Name (Last, First, Middle Initi	al)	Curior (spe	√		
	State: MO District: Full Name (Last, First, Middle Initi Mary Bono Mack Committee	76 S	tate /A	Zip Code 22202		Date of Disbursement M 5 M / D 6 M Y 2 0 1 0 Y Amount of Each Disbursement this Perior
	State: MO District: Full Name (Last, First, Middle Initi Mary Bono Mack Committee Mailing Address PO Box 27 City Arlington Purpose of Disbursement Political Contribution	76 S	itate	Zip Code	011	Date of Disbursement O 5 D O 6 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: MO District: Full Name (Last, First, Middle Initi Mary Bono Mack Committee Mailing Address PO Box 27 City Arlington Purpose of Disbursement	76 S	itate	Zip Code	011 Category/ Type	Date of Disbursement M 5 M / D 6 M Y 2 0 1 0 Y Amount of Each Disbursement this Period
	State: MO District: Full Name (Last, First, Middle Initi Mary Bono Mack Committee Mailing Address PO Box 27 City Arlington Purpose of Disbursement Political Contribution Candidate Name	Disbursen	itate /A	Zip Code 22202 2010 General	Category/	Date of Disbursement M 5 M / D 6 M Y 2 0 1 0 Y Amount of Each Disbursement this Period
	State: MO District: Full Name (Last, First, Middle Initi Mary Bono Mack Committee Mailing Address PO Box 27 City Arlington Purpose of Disbursement Political Contribution Candidate Name Mary Bono Mack Office Sought: X House Senate	Disbursen	nent For:	Zip Code 22202 2010 General	Category/	Date of Disbursement M 5 M / D 6 M Y 2 0 1 0 Y Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)

TEMES DISCUSSION	Use separate schedule(s	(check or	E NUMBER: PAGE 17/18 nly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address of any politica	al committee to s	
Cooperative of American Physicians Fed	leral Political Action Com	mittee	
Full Name (Last, First, Middle Initial) Campbell for Congress			Transaction ID: 23-566 Date of Disbursement 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mailing Address 2125 Loma Verde			05 28 2010
City Fullerton	State Zip Code CA 92833		Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution		011	1000.00
Candidate Name John B Campbell, III		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify)		
State: CA District: 48 Full Name (Last, First, Middle Initial)			
Djou for Congress			Transaction ID: 23-565 Date of Disbursement
Mailing Address 725 Kapiolani, #C105			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Honolulu	State Zip Code HI 96813		Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution		011	2500.00
Candidate Name Charles Djou		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify) ▼	•	
State: HI District: 01 Spec Full Name (Last, First, Middle Initial) Kirk for Senate	al 5/22/10		Transaction ID: 23-560 Date of Disbursement
Mailing Address PO Box 8			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Winnetka	State Zip Code IL 60093		Amount of Each Disbursement this Perio
Purpose of Disbursement Political Contribution		011	750.00
Candidate Name Mark S Kirk		Category/ Type	
X Senate President	rsement For: 2010 Primary X General Other (specify)		
State: IL District:			
			4250.00

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	CHEDULE B (FEC Form 3X)	Use separate scriedule(s) (chool			FOR LINE NUMBER: PAGE 18 / 18 (check only one)								18		_	
IT	EMIZED DISBURSEMENTS		category of the Summary Page		21b 27			X	23 28b	F	24 28c		25 29	F	26 30b)
	y Information copied from such Reports and Statem for commercial purposes, other than using the name													s		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Cooperative of American Physicians Feder	al Politica	al Action Comr	nittee												
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	:	23-56	>				•
	Jane Norton for Colorado, Inc.						Date	of Di	sburs	em	nent					
	Mailing Address 8006 East Arapahoe Roa	d, Suite 1	50				0 ^M 5	М	D C	7	/ Y	ž	0 1 () ^Y		
	<i>y</i>	State	Zip Code				Amou	int of	Each	ı D	isburse	men	t this	Peri	iod	
	Centennial	CO	80112						-				- O			
	Purpose of Disbursement Political Contribution			01	1							. /	50.00)		
	Candidate Name Jane Norton			Cate Ty												
		ement For: Primary Other (spe	2010 General ecify)													
	Full Name (Last, First, Middle Initial) Portman for Senate Committee						Trans				23-56	1				
	r ortinari for condic committee							М		_		Y	, · · Y ·	Υ		
	Mailing Address 8331 Little Harbor Drive						0 5		(7		2	0 1 ()		
		State OH	Zip Code 45244				Amou	int of	Each	ı D	isburse	men	t this	Peri	iod	
	Purpose of Disbursement Political Contribution			01	1		L.					.7	50.00)		
	Candidate Name Rob Portman			Cate Ty	gory/											
	Office Sought: House Disburse X Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼													

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	12000.00

State: OH

District: