

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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

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
Quarterly 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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kirk Alan Pessner

Signature of Treasurer

Electronically Filed by Kirk Alan Pessner

Date

06

08

2010

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)

2 / 18

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		178337.22
(b) Cash on Hand at Beginning of Reporting Period	163923.22	
(c) Total Receipts (from Line 19)	11605.00	49041.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	175528.22	227378.22
7. Total Disbursements (from Line 31)	12000.00	63850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	163528.22	163528.22
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)

3 / 18

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

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)	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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11605.00	49041.00
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 Transfer (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))	11605.00	49041.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11605.00	49041.00

DETAILED SUMMARY PAGE

of Disbursements

4 / 18

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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.....	12000.00	31550.00	
24. Independent Expenditure (use Schedule E)	0.00	32300.00	
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	12000.00	63850.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	63850.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 18

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)	11605.00	49041.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11605.00	49041.00
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 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reuel Asinas, MD

Mailing Address 27164 Bidwell Lane

City

Valencia

State

CA

Zip Code

91354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reuel Asinas, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / 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

B.

Full Name (Last, First, Middle Initial)

Philip Biderman, MD

Mailing Address 13320 Riverside Drive, #110

City

Sherman Oaks

State

CA

Zip Code

91423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philip Biderman, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 5 / 2 0 1 0

Transaction ID: 11AI-74129

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Roger Dainer, DO

Mailing Address 4626 Willow Road

City

Pleasanton

State

CA

Zip Code

94588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roger Dainer, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 1 0

Transaction ID: 11AI-74160

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Doggett, MD

Mailing Address PO Box 2901

City

Newport Beach

State

CA

Zip Code

92659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stephen Doggett, MDOccupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 1 0

Transaction ID: 11AI-74151

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Tony Feuerman, MD

Mailing Address 16133 Ventura Blvd., #1105

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tony Feuerman, MDOccupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 5 / 2 0 1 0

Transaction ID: 11AI-74147

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Laszlo Galfy, MD

Mailing Address 3301 Park Vista Drive

City

La Crescenta

State

CA

Zip Code

91214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laszlo Galfy, MDOccupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 1 0

Transaction ID: 11AI-74168

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Felicitas Halili, MD

Mailing Address 6943 Roundup Way

City

Orange

State

CA

Zip Code

92869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Felicitas Halili, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 11AI-74173

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard Harris, MD

Mailing Address 45848 Palmetto Way

City

Temecula

State

CA

Zip Code

92592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard Harris, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 11AI-74167

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Heskiaoff, MD

Mailing Address 5170 Sepulveda Blvd., #100

City

Sherman Oaks

State

CA

Zip Code

91403

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Heskiaoff, MD

Occupation
Physician

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 11AI-74161

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bruce Joseph, MD

Mailing Address 6001 Truxtun Ave., Ste 220b

City

Bakersfield

State

CA

Zip Code

93309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bruce Joseph, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 6 / 2 0 1 0

Transaction ID: 11AI-74136

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

F Bruce Kimball, MD

Mailing Address 3551 Garrison

City

San Diego

State

CA

Zip Code

92106

FEC ID number of contributing
federal political committee.

C

Name of Employer
F Bruce Kimball, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 1 0

Transaction ID: 11AI-74165

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles Klieman, MD

Mailing Address 15141 E Whittier Blvd Suite

City

Whittier

State

CA

Zip Code

90603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charles Klieman, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 1 0

Transaction ID: 11AI-74155

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lawrence Koning, MD

Mailing Address 341 Magnolia Ave., #202

City

Corona

State

CA

Zip Code

92879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Koning, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 1 0

Transaction ID: 11AI-74170

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Louis Lesko, MD

Mailing Address 2645 Ocean Ave., #301

City

San Francisco

State

CA

Zip Code

94132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louis Lesko, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 1 0

Transaction ID: 11AI-74146

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stewart Lonky, MD

Mailing Address 8540 S Sepulveda Blvd Ste 1010

City

Los Angeles

State

CA

Zip Code

90045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Lonky, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 1 0

Transaction ID: 11AI-74159

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kent Marangi, MD

Mailing Address 26401 Crown Valley Pky #101

City State Zip Code
Mission Viejo CA 92691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kent Marangi, MD

Occupation
Physician

Receipt For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: 11AI-74145

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Samuel Zev Nathan, MD

Mailing Address 1335 State St.

City State Zip Code
Santa Barbara CA 93101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samuel Zev Nathan, MD

Occupation
Physician

Receipt For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: 11AI-74131

Amount of Each Receipt this Period

250.00

C.

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.

C

Name of Employer
Suresh Nayak, MD

Occupation
Physician

Receipt For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: 11AI-74138

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Otis, MD

Mailing Address 4150 Regents Park Row, #250

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Otis, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 1 0

Transaction ID: 11AI-74169

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Shailesh Patel, MD

Mailing Address 4143 Canopy Ct

City

Merced

State

CA

Zip Code

95340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shailesh Patel, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 8 / 2 0 1 0

Transaction ID: 11AI-74144

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dario Perez, MD

Mailing Address 1510 S. Central Ave., #200

City

Glendale

State

CA

Zip Code

91204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dario Perez, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 1 0

Transaction ID: 11AI-74171

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven Peterson, MD

Mailing Address 691 Pauline Court Bldg L

City

Sonora

State

CA

Zip Code

95370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steven Peterson, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 5 / 2 0 1 0

Transaction ID: 11AI-74153

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Thomas Satrom, MD

Mailing Address 647 Wellesley Drive

City

Claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Satrom, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 5 / 2 0 1 0

Transaction ID: 11AI-74157

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James Strebis, MD

Mailing Address 4050 Barranca Pkwy., #250

City

Irvine

State

CA

Zip Code

92604

FEC ID number of contributing
federal political committee.

C

Name of Employer
James Strebis, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 6 / 2 0 1 0

Transaction ID: 11AI-74135

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

J. Bradley Taylor, MD

Mailing Address 30421 Via Festivo

City

San Juan Capistran

State

CA

Zip Code

92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Bradley Taylor, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 1 0

Transaction ID: 11AI-74139

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lawrence Tran, MD

Mailing Address 1465 Voyager Drive

City

Tustin

State

CA

Zip Code

92782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Tran, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 5 / 2 0 1 0

Transaction ID: 11AI-74123

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Romeo Velasco, MD

Mailing Address 2316 Branden St

City

Los Angeles

State

CA

Zip Code

90026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romeo Velasco, MD

Occupation
Physician

Receipt For: 2010

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 1 0

Transaction ID: 11AI-74172

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Yun, MD

Mailing Address 22353 N. Summit Ridge Circle

City	State	Zip Code
Chatsworth	CA	91311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Yun, MDOccupation
Physician
 Receipt For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Transaction ID: 11AI-74132

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

9000.00

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

PAGE 16 / 18

<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

A. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Political ContributionCandidate Name
Democratic Senatorial Campaign Committee011
Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	Calendar year	

Transaction ID: 23-564

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Friends of Roy Blunt

Mailing Address Post Office Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Political ContributionCandidate Name
Roy Blunt011
Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: MO	District:	Calendar year	

Transaction ID: 23-563

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	0

Amount of Each Disbursement this Period

750.00

C. Full Name (Last, First, Middle Initial)
Mary Bono Mack Committee

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement
Political ContributionCandidate Name
Mary Bono Mack011
Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For:	2010
	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: CA	District: 45	Calendar year	

Transaction ID: 23-559

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

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

PAGE 17 / 18

<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

A.

Full Name (Last, First, Middle Initial)

Campbell for Congress

Mailing Address 2125 Loma Verde

City Fullerton State CA Zip Code 92833

Purpose of Disbursement
Political ContributionCandidate Name
John B Campbell, IIIOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 48

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23-566

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Djou for Congress

Mailing Address 725 Kapiolani, #C105

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Political ContributionCandidate Name
Charles DjouOffice Sought: ☒ House
☐ Senate
☐ President

State: HI District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Special 5/22/10

Transaction ID: 23-565

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Kirk for Senate

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Political ContributionCandidate Name
Mark S KirkOffice Sought: ☐ House
☒ Senate
☐ President

State: IL District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 23-560

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	0

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jane Norton for Colorado, Inc.

Mailing Address 8006 East Arapahoe Road, Suite 150

City
Centennial

State
CO

Zip Code
80112

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Jane Norton

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Transaction ID: 23-562

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Portman for Senate Committee

Mailing Address 8331 Little Harbor Drive

City
Cincinnati

State
OH

Zip Code
45244

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Rob Portman

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 23-561

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

12000.00