

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

**COOPERATIVE OF AMERICAN PHYSICIANS - MUTUAL PROTECTION TRUST (CAP-MPT)
FEDERAL PAC**

ADDRESS (number and street)

333 South Hope Street



8th Floor

☐(Check if address
is changed)

Los Angeles

CA

90071

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

capfedpac@millerpoliticallaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M M / D D / Y Y Y Y
02 / 08 / 2007

3. FEC IDENTIFICATION NUMBER

C C00161604

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement 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

M M / D D / Y Y Y Y
02 / 08 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Cooperative of American Physicians-Mutual Protection Trust

Mailing Address

333 South Hope

8th Floor

Los Angeles

CA

90071

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected Organization

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☒ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

COOPERATIVE OF AMERICAN PHYSICIANS - MUTUAL PROTECTION TRUST (CAP-MPT) FEDERAL PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Cindy Lesonsky**

Mailing Address **333 South Hope Street**

8th Floor

Los Angeles **CA** **90071** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Assistant Treasurer

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Kirk Alan Pessner**

Mailing Address **20 Park Road**

Suite E

Burlingame **CA** **94010** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer

Telephone number - -

Full Name of Designated Agent **Cindy Lesonsky**

Mailing Address **333 South Hope Street**

8th Floor

Los Angeles **CA** **90071** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Assistant Treasurer

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

3550 Wilshire Blvd.

Los Angeles

CA

90010

CITY ▲

STATE ▲

ZIP CODE ▲