

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 Los Angeles CA 90071 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00161604 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2009 through 05 31 2009

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 18 2009

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 table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		73694.47
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	111724.47									
(c) Total Receipts (from Line 19)	6500.00	62430.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118224.47	136124.47								
7. Total Disbursements (from Line 31)	700.00	18600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	117524.47	117524.47								
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**

Write or Type Committee Name
Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	4500.00	26550.00
(i) Itemized (use Schedule A)	2000.00	35880.00
(ii) Unitemized	6500.00	62430.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6500.00	62430.00
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))	6500.00	62430.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6500.00	62430.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	600.00	18500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	100.00	100.00
(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))	100.00	100.00
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))..	700.00	18600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	700.00	18600.00

DETAILED SUMMARY PAGE
of Disbursements

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	6500.00	62430.00
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6400.00	62330.00
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 / 13

(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Amy Abt, MD

Mailing Address 2167 Ridge Drive

City State Zip Code
Pinetop AZ 85935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Amy Abt, MD Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2009

Transaction ID: 11 ai-73334

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Bogosian, MD

Mailing Address 5230 Pacific Concourse Drive,

City State Zip Code
Los Angeles CA 90045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jeffrey Bogosian, MD Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y
05 / 29 / 2009

Transaction ID: 11 ai-73357

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Benjamin Cohen, MD

Mailing Address 23101 Sherman Place, #110

City State Zip Code
West Hills CA 91307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Benjamin Cohen, MD Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2009

Transaction ID: 11 ai-73335

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 / 13
(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)
Christina Friar, MD

Mailing Address 18034 Ventura Blvd Pmb #340

City State Zip Code
Encino CA 91316

FEC ID number of contributing federal political committee. C

Name of Employer Christina Friar, MD Occupation Physician

Receipt For: 2009
 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 / 2 9 / 2 0 0 9

Transaction ID: 11 ai-73362

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kathryn Gardner

Mailing Address 242 26th St. Suite - A

City State Zip Code
Santa Monica CA 90402

FEC ID number of contributing federal political committee. C

Name of Employer Kathryn Gardner, MD Occupation Physician

Receipt For: 2009
 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 / 2 9 / 2 0 0 9

Transaction ID: 11 ai-73361

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John Harch, MD

Mailing Address 303 Maple St.

City State Zip Code
Mount Shasta CA 96067

FEC ID number of contributing federal political committee. C

Name of Employer John Harch, MD Occupation Physician

Receipt For: 2009
 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 / 2 9 / 2 0 0 9

Transaction ID: 11 ai-73358

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 8 / 13
(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)
Richard Harris, MD

Mailing Address 45848 Palmetto Way

City State Zip Code
Temecula CA 92592

FEC ID number of contributing federal political committee. **C**

Name of Employer Richard Harris, MD Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: 11 ai-73359

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Andrew Sew Hoy, MD

Mailing Address 1414 S. Grand, #300

City State Zip Code
Los Angeles CA 90015

FEC ID number of contributing federal political committee. **C**

Name of Employer Andrew Sew Hoy, MD Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: 11 ai-73338

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Marilyn Kimura, MD

Mailing Address 13861 Winthrop St

City State Zip Code
Santa Ana CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Marilyn Kimura, MD Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: 11 ai-73364

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 9 / 13
(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)
Maria Moya, MD

Mailing Address 42525 Rancho Mirage Lane

City Rancho Mirage State CA Zip Code 92270

FEC ID number of contributing federal political committee. **C**

Name of Employer Maria Moya, MD Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt: 05 / 20 / 2009
Transaction ID: 11 ai-73349
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
David Nejat-Bina, MD

Mailing Address PO Box 8929

City Brea State CA Zip Code 92822

FEC ID number of contributing federal political committee. **C**

Name of Employer David Nejat-Bina, MD Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt: 05 / 29 / 2009
Transaction ID: 11 ai-73360
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Amer Rayyes, MD

Mailing Address 2032 Burnt Mill Road

City Tustin State CA Zip Code 92782

FEC ID number of contributing federal political committee. **C**

Name of Employer Amer Rayyes, MD Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt: 05 / 12 / 2009
Transaction ID: 11 ai-73341
 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 / 13
(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)
Janice Rha, MD

Mailing Address 520 S Helberta Ave

City State Zip Code
Redondo Beach CA 90277

FEC ID number of contributing federal political committee. **C**

Name of Employer Janice Rha, MD Occupation Physician

Receipt For: 2009
 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	2	/	2	0	0	9

Transaction ID: 11 ai-73336

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Craig Ross, MD

Mailing Address 16480 Harbor Blvd., #104

City State Zip Code
Fountain Valley CA 92708

FEC ID number of contributing federal political committee. **C**

Name of Employer Craig Ross, MD Occupation Physician

Receipt For: 2009
 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	2	/	2	0	0	9

Transaction ID: 11 ai-73340

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Edward Sigall, MD

Mailing Address 99 N. La Cienega Blvd., #306

City State Zip Code
Beverly Hills CA 90211

FEC ID number of contributing federal political committee. **C**

Name of Employer Edward Sigall, MD Occupation Physician

Receipt For: 2009
 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	0	9

Transaction ID: 11 ai-73332

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 11 / 13
(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)
Anni Yue, MD

Mailing Address 20405 Covina Hills Road, E

City State Zip Code
Covina CA 91724

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Anni Yue, MD Physician

Receipt For: 2009
 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 / 2 9 / 2 0 0 9

Transaction ID: 11 ai-73363

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)	▶	4500.00

**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 12 / 13

<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)
Committee to Re-Elect Loretta Sanchez

Mailing Address 604 S Harbor Blvd.

City State Zip Code
Santa Ana CA 92704

Purpose of Disbursement
Political Contribution

Candidate Name
Loretta Sanchez

Office Sought: House
 Senate
 President

State: CA District: 47

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 23-525

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

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 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

Barbara Landesman, MD

Mailing Address 2547 Old Quarry Rd Ste 932

City San Diego State CA Zip Code 92108

Purpose of Disbursement
Refund of 3/27/08 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 28a-526

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00