

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▲

C 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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2015

07

31

2015

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 Rebecca Olson

Signature of Treasurer

Rebecca Olson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

08

19

2015

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)

Page 2

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 Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 07 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		59478.22
(b) Cash on Hand at Beginning of Reporting Period.....	24758.22	
(c) Total Receipts (from Line 19) .....	16800.00	35280.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	41558.22	94758.22
7. Total Disbursements (from Line 31) .....	0.00	53200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41558.22	41558.22
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a 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)

Page 3

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 Y  
07 / 01 / 2015

To:

M M / D D / Y Y Y Y Y  
07 / 31 / 2015
**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).....

13250.00

13250.00

(ii) Unitemized .....

3550.00

22030.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16800.00

35280.00

(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) ..... ▶

16800.00

35280.00

## 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 Transfers (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))..... ▶

16800.00

35280.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

16800.00

35280.00

**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) Allocated 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.....	0.00	53000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	200.00
(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	200.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	0.00	53200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	53200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16800.00	35280.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16800.00	35080.00
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 PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 21

<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**

Full Name (Last, First, Middle Initial)

**A. Mehras Akhavan MD**

Mailing Address 4940 Van Nuys Blvd Suite #301

City	State	Zip Code
Sherman Oaks	CA	91403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mehras Akhavan, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2015

**Transaction ID : 11AI-77233**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marie Anson-Rebong MD**

Mailing Address 2350 Mc Kee Road Suite #1

City	State	Zip Code
San Jose	CA	95116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marie Anson-Rebong, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

**Transaction ID : 11AI-77248**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Bahram Bahrami MD**

Mailing Address 2934 Ingelow St

City	State	Zip Code
San Diego	CA	92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bahram Bahrami, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

**Transaction ID : 11AI-77278**

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:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Kevin Booth MD**

Mailing Address 5725 W. Las Positas Blvd., #20

City State Zip Code  
Pleasanton CA 94588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kevin Booth, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2015

**Transaction ID : 11AI-77300**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Trinh Bui MD**

Mailing Address 10402 Westminster #100C

City State Zip Code  
Garden Grove CA 92843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinh Bui, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 15 / 2015

**Transaction ID : 11AI-77293**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Cristina Flores**

Mailing Address 2360 Spanish Bay Rd

City State Zip Code  
Chula Vista CA 91915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cristina Flores, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 11AI-77268**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

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

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<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**

Full Name (Last, First, Middle Initial)

**A. Michael Gales MD**

Mailing Address 11847 Wilshire Ste #303

City	State	Zip Code
Los Angeles	CA	90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael Gales, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	07	/	2015

**Transaction ID : 11AI-77238**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Felicitas Halili MD**

Mailing Address 19929 Christina Circle

City	State	Zip Code
Cerritos	CA	90703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Felicitas Halili, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	07	/	2015

**Transaction ID : 11AI-77257**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Tony Hsu MD**

Mailing Address 18800 Main St Ste 108

City	State	Zip Code
Huntington Beach	CA	92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tony Hsu, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	23	/	2015

**Transaction ID : 11AI-77258**

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:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Nopaval Karnavy MD**

Mailing Address 4950 San Bernardino St Ste 216

City State Zip Code  
 Montclair CA 91763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nopaval Karnavy, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2015

**Transaction ID : 11AI-77305**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Wayne Kleinman MD**

Mailing Address 5445 Shirley Ave.

City State Zip Code  
 Tarzana CA 91356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne Kleinman, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : 11AI-77291**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Sten Kramer MD**

Mailing Address 1401 Avocado Ave Ste 307

City State Zip Code  
 Newport Beach CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sten Kramer, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : 11AI-77260**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark Labowe MD**

Mailing Address 12301 Wilshire Blvd #325

City State Zip Code  
 Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mark Labowe, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 29 / 2015

**Transaction ID : 11AI-77259**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Truong-sinh Leduc MD**

Mailing Address 11160 Warner Ave Ste 101

City State Zip Code  
 Fountain Valley CA 92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truong-Sinh Leduc, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2015

**Transaction ID : 11AI-77271**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Xuanto Leduc MD**

Mailing Address 11160 Warner Ave Ste 101

City State Zip Code  
 Fountain Valley CA 92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Xuanto Leduc, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2015

**Transaction ID : 11AI-77292**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

☒ 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**

Full Name (Last, First, Middle Initial)

**A. E. Michael Linzey MD**

Mailing Address 23 Sonrisa St

City State Zip Code  
 Irvine CA 92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

E. Michael Linzey, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : 11AI-77295**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Florante Luzano MD**

Mailing Address 3851 Katella Ave #315

City State Zip Code  
 Los Alamitos CA 90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florante Luzano, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : 11AI-77303**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Theodore Mazer MD**

Mailing Address 6699 Alvarado Road, #2209

City State Zip Code  
 San Diego CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Theodore Mazer, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : 11AI-77241**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

☒ 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**

Full Name (Last, First, Middle Initial)

## **A. Rolando Mercader MD**

Mailing Address 166 S. Alvarado St., #106

City State Zip Code  
 Los Angeles CA 90057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rolando Mercader, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : 11AI-77297**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Phillip Miller MD**

Mailing Address 16337 Everhart Drive

City State Zip Code  
 Weed CA 96094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phillip Miller, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : 11AI-77231**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Amir Moradi MD**

Mailing Address 2023 W. Vista Way #F

City State Zip Code  
 Vista CA 92083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amir Moradi, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : 11AI-77250**

Amount of Each Receipt this Period

500.00

**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

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 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vinh Nguyen MD**

Mailing Address 10232 Victoria Ave

City State Zip Code  
 Riverside CA 92503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vinh Nguyen, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General

☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2015

**Transaction ID : 11AI-77285**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Nicole Oliver MD**

Mailing Address 160 E Artesia St Ste 330

City State Zip Code  
 Pomona CA 91767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nicole Oliver, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General

☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2015

**Transaction ID : 11AI-77256**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. John Otis MD**

Mailing Address 8950 Villa La Jolla Drive Ste A215

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Otis, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General

☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2015

**Transaction ID : 11AI-77289**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Jiun-Rong Peng MD**

Mailing Address 280 S. Main St., #200

City State Zip Code  
 Orange CA 92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jiun-Rong Peng, MD

Occupation  
 Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 11AI-77274**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Arturo Quintanilla MD**

Mailing Address 35900 Bob Hope Dr Ste 140

City State Zip Code  
 Rancho Mirage CA 92270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Arturo Quintanilla, MD

Occupation  
 Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 15 / 2015

**Transaction ID : 11AI-77276**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Kenneth Rebong MD**

Mailing Address 2350 Mc Kee Rd Suite #1

City State Zip Code  
 San Jose CA 95116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Kenneth Rebong, MD

Occupation  
 Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 15 / 2015

**Transaction ID : 11AI-77264**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:  
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☒ 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**

Full Name (Last, First, Middle Initial)

**A. Janice Rha MD**

Mailing Address 520 S Helberta Ave

City

Redondo Beach

State

CA

Zip Code

90277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Janice Rha, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : 11AI-77284**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Lee Sadj MD**

Mailing Address 2730 Wilshire Blvd., #325

City

Santa Monica

State

CA

Zip Code

90403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lee Sadj, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2015

**Transaction ID : 11AI-77242**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. 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: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2015

**Transaction ID : 11AI-77301**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

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

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for each category of the  
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FOR LINE NUMBER:  
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☒ 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**

Full Name (Last, First, Middle Initial)

## **A. Mohamad Shaheedy MD**

Mailing Address 5400 Balboa Blvd., #210

City State Zip Code  
 Encino CA 91316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mohamad Shaheedy, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : 11AI-77288**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Stewart Shanfield MD**

Mailing Address 811 Rancho Circle

City State Zip Code  
 Fullerton CA 92835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stewart Shanfield, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : 11AI-77281**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Benjamin Shwachman MD**

Mailing Address 315 N 3rd Ave #200

City State Zip Code  
 Covina CA 91723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benjamin Shwachman, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : 11AI-77302**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Aisha Simjee MD**

Mailing Address 1310 W Stewart Drive, #501

City State Zip Code  
 Orange CA 92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aisha Simjee, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : 11AI-77247**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Jose Spiwak MD**

Mailing Address 3680 E Imperial Hwy Ste 502

City State Zip Code  
 Lynwood CA 90262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jose Spiwak, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : 11AI-77304**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Loraine Stern MD**

Mailing Address 27867 Smyth Drive # 100

City State Zip Code  
 Valencia CA 91355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loraine Stern, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : 11AI-77243**

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**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Michele Stewart MD**

Mailing Address 8950 Villa La Jolla Dr #A215

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Michele Stewart, MD

Occupation  
 Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2015

**Transaction ID : 11AI-77290**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. James Strebig MD**

Mailing Address 62 Corporate Park Suite #120

City State Zip Code  
 Irvine CA 92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 James Strebig, MD

Occupation  
 Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 14 / 2015

**Transaction ID : 11AI-77294**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Robert Tzeng MD**

Mailing Address 420 N. Garfield Ave., #205

City State Zip Code  
 Monterey Park CA 91754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Robert Tzeng, MD

Occupation  
 Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 14 / 2015

**Transaction ID : 11AI-77239**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

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

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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory Vanley MD**

Mailing Address 1050 Linden Ave

City State Zip Code  
 Long Beach CA 90813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gregory Vanley, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : 11AI-77296**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Julio Vasquez MD**

Mailing Address 8540 Reseda Blvd., #240

City State Zip Code  
 Northridge CA 91324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Julio Vasquez, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

**Transaction ID : 11AI-77232**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patrick Wade MD**

Mailing Address 1016 E. Broadway #100

City State Zip Code  
 Glendale CA 91205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Patrick Wade, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : 11AI-77252**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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**

Full Name (Last, First, Middle Initial)

**A. Robert Wagmeister MD**

Mailing Address 2001 Santa Monica Blvd #670W

City	State	Zip Code
Santa Monica	CA	90404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert Wagmeister, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2015

**Transaction ID : 11AI-77265**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Stephen White MD**

Mailing Address 8 Stirrup Lane

City	State	Zip Code
Bell Canyon	CA	91307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stephen White, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 11AI-77251**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Nancy Wight MD**

Mailing Address 3003 Health Center Drive

City	State	Zip Code
San Diego	CA	92123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nancy Wight, MD

Occupation

Physician

Receipt For: 2015

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

**Transaction ID : 11AI-77277**

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**

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FOR LINE NUMBER: PAGE 21 OF 21  
(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**

Full Name (Last, First, Middle Initial)

**A. Anni Yue MD**

Mailing Address 20405 Covina Hills Road Suite E

City	State	Zip Code
Covina	CA	91724

FEC ID number of contributing federal political committee.

C

Name of Employer

Anni Yue, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2015

**Transaction ID : 11AI-77280**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

250.00

13250.00