

**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 (12G)

Election on

11

04

2008

in the  
State of

CA

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

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

10

20

2008

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		140999.47
(b) Cash on Hand at Beginning of Reporting Period .....	167029.47	
(c) Total Receipts (from Line 19) .....	12515.00	103743.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	179544.47	244742.47
7. Total Disbursements (from Line 31) .....	2000.00	67198.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	177544.47	177544.47
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
1	0	0	1	2	0	0	8

To:

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

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	9975.00	53775.02
(i) Itemized (use Schedule A) .....	2540.00	47467.98
(ii) Unitemized .....	12515.00	101243.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤		
(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) ..... ➤	12515.00	101243.00
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	2500.00
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)) .....	12515.00	103743.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12515.00	103743.00

**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)	0.00	0.00
(i) Federal Share.....		
(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.....	2000.00	67198.00
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 .....	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))..	2000.00	67198.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	67198.00

**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) .....	12515.00	101243.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12515.00	101243.00
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 / 20

(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)

Stuart Anderson, MD

Mailing Address 11 Windham Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stuart Anderson, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72622

Amount of Each Receipt this Period

150.00

**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: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 8

Transaction ID: 11ai-72617

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Brower, MD

Mailing Address 25200 La Paz Rd #200

City

Laguna Hills

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paul Brower, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 7 / 2 0 0 8

Transaction ID: 11ai-72621

Amount of Each Receipt this Period

250.00

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

650.00

**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 7 / 20

(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 Burton, MD

Mailing Address 14 Rippling Stream

City

Irvine

State

CA

Zip Code

92715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bruce Burton, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 8

Transaction ID: 11ai-72629

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Chang, DO

Mailing Address 4064 Louisiana St

City

San Diego

State

CA

Zip Code

92104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robert Chang, DO

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72588

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jitka Civrna, MD

Mailing Address 74000 Country Club Drive, #G2

City

Palm Desert

State

CA

Zip Code

92260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jitka Civrna, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72604

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 8 / 20

(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 Cutner, MD

Mailing Address 19620 Tenaja Road

City

Murrieta

State

CA

Zip Code

92562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lawrence Cutner, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72601

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Tony Deeths, MD

Mailing Address 1817 Truxtun Ave.

City

Bakersfield

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tony Deeths, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 11ai-72584

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Alexander Deyan, MD

Mailing Address 360 San Miguel Drive, #508

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alexander Deyan, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11ai-72583

Amount of Each Receipt this Period

250.00

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

800.00

**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 / 20

(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)

Deirdre Elliott, MD

Mailing Address 4130 La Jolla Village Drive,

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deirdre Elliott, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72606

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joshua Feder, MD

Mailing Address 415 North Hwy 101 #E

City

Solana Beach

State

CA

Zip Code

92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joshua Feder, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72623

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Ferguson, MD

Mailing Address 337 La Salle Ave.

City

Ventura

State

CA

Zip Code

93003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael Ferguson, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 11ai-72573

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 10 / 20

(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)

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, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 11ai-72572

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Fortmann, MD

Mailing Address 32281 Camino Capistrano C-102

City

San Juan Capistran

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daniel Fortmann, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72564

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Friedman, MD

Mailing Address 4201 Torrance Blvd., #660

City

Torrance

State

CA

Zip Code

90503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael Friedman, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 11ai-72567

Amount of Each Receipt this Period

200.00

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

700.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 20

(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)

Daniel Gardner, MD

Mailing Address 13725 Mar Scenic Drive

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daniel Gardner, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72610

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Gray, MD

Mailing Address 227 W. Janss Road, #360

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robert Gray, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72566

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah Heaps, MD

Mailing Address 20659 Chatsboro Drive

City

Woodland Hills

State

CA

Zip Code

91364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deborah Heaps, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11ai-72607

Amount of Each Receipt this Period

250.00

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

550.00

**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 / 20

(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)

Tony Hsu, MD

Mailing Address 18800 Main St., #108

City

Huntington Beach

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tony Hsu, MDOccupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11ai-72570

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Ingram, MD

Mailing Address 2888 Long Beach Blvd., #340

City

Long Beach

State

CA

Zip Code

90806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Ingram, MDOccupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72593

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Ishizue, MD

Mailing Address 12705 Corte Cordillera

City

Salinas

State

CA

Zip Code

93908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth Ishizue, MDOccupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 11ai-72587

Amount of Each Receipt this Period

100.00

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

600.00

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 / 20

(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: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11ai-72595

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Martha Kirkpatrick, MD

Mailing Address 988 Bluegrass Lane

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martha Kirkpatrick, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72578

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Labowe, MD

Mailing Address 100 UCLA Medical Plaza, #747

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark Labowe, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 11ai-72611

Amount of Each Receipt this Period

250.00

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

850.00

**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 / 20

(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)

Inna Lamport, MD

Mailing Address 1211 Brunswick Ave.

City

South Pasadena

State

CA

Zip Code

91030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inna Lamport, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 8

Transaction ID: 11ai-72624

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

James Liu, MD

Mailing Address 501 E. Hardy St., #430

City

Inglewood

State

CA

Zip Code

90301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James Liu, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72603

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Macias, MD

Mailing Address 1235 Osos St., #100

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard Macias, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 8

Transaction ID: 11ai-72612

Amount of Each Receipt this Period

250.00

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

625.00

**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 / 20

(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)

Bose Mandava, MD

Mailing Address 4990 Caminita Luisa

City

Camarillo

State

CA

Zip Code

93012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bose Mandava, MDOccupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72602

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Alan Marco, MD

Mailing Address 5007 Roma Court

City

Marina Del Rey

State

CA

Zip Code

90292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alan Marco, MDOccupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11ai-72600

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Martinez, MD

Mailing Address 24866 Jeronimo Lane

City

Lake Forest

State

CA

Zip Code

92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth Martinez, MDOccupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72586

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 16 / 20

(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)

William May, MD

Mailing Address 9209 Colima Road, #2000

City

Whittier

State

CA

Zip Code

90605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William May, MD

Occupation

Physician

Receipt For: 2008

☐ Primary ☐ General

☒ Other (specify) ▼  
Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11ai-72598

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Guiragos Minassian, MD

Mailing Address 19671 Tulsa St.

City

Chatsworth

State

CA

Zip Code

91311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guiragos Minassian, MD

Occupation

Physician

Receipt For: 2008

☐ Primary ☐ General

☒ Other (specify) ▼  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72589

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dennis Noesen, MD

Mailing Address 2840 Long Beach Blvd., #230

City

Long Beach

State

CA

Zip Code

90806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dennis Noesen, MD

Occupation

Physician

Receipt For: 2008

☐ Primary ☐ General

☒ Other (specify) ▼  
Calendar Year

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 11ai-72577

Amount of Each Receipt this Period

100.00

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

850.00

**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 17 / 20

(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: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 8

Transaction ID: 11ai-72625

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Pablo Prietto, MD

Mailing Address 1892 Park Skyline Road

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pablo Prietto, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 11ai-72605

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Arturo Quintanilla, MD

Mailing Address 35900 Bob Hope Dr Ste 140

City

Rancho Mirage

State

CA

Zip Code

92270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arturo Quintanilla, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72609

Amount of Each Receipt this Period

250.00

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

600.00

**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 18 / 20

(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)

Mohamad Shaheedy, MD

Mailing Address 5400 Balboa Blvd., #210

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mohamad Shaheedy, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11ai-72599

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michele Stewart, 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  
Michele Stewart, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 8

Transaction ID: 11ai-72626

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Patrick Wade, MD

Mailing Address 1016 E. Broadway #100

City

Glendale

State

CA

Zip Code

91205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patrick Wade, MD

Occupation  
Physician

Receipt For: 2008

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

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 11ai-72575

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 20

(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)

Robert Wagmeister, MD

Mailing Address 2001 Santa Monica Blvd., #690

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: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 Calendar Year

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 11ai-72585

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Leila Zafaranchi, MD

Mailing Address 26522 Meadow Crest

City State Zip Code  
 Laguna Hills CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leila Zafaranchi, MD

Occupation  
Physician

Receipt For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 11ai-72581

Amount of Each Receipt this Period

250.00

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

500.00

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

9975.00

# **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 20 / 20

<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)

Coleman for Senate 2008

Mailing Address 11150 Santa Monica Blvd # 450

City  
Los Angeles

State  
CA

Zip Code  
90025

Purpose of Disbursement  
Political Contribution

Candidate Name  
Norm Coleman

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN

District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 23-501

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

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

2000.00