

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Amerish Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	3

**Transaction ID : 23-720**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Boehner for Speaker**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**John Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

**Transaction ID : 23-724**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. Peter Roskam for Congress**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 23-723**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	5	0	0	.	0	0
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