

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 Los Angeles CA 90071

2. FEC IDENTIFICATION NUMBER C 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, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

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 Kirk Alan Pessner [Electronically Filed] Date 12 / 05 / 2012

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

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		112865.22
(b) Cash on Hand at Beginning of Reporting Period.....	85450.22	
(c) Total Receipts (from Line 19)	16325.00	62910.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	101775.22	175775.22
7. Total Disbursements (from Line 31).....	23950.00	97950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	77825.22	77825.22
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: / / To: / /

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).....	11200.00	32450.00
(ii) Unitemized	5125.00	30460.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16325.00	62910.00
(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)	16325.00	62910.00
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))..... ▶	16325.00	62910.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16325.00	62910.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	23950.00	97850.00
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	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)).....	0.00	100.00
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)) ..	23950.00	97950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23950.00	97950.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	16325.00	62910.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16325.00	62810.00
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: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Erlinda Abcede MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12314 Charlwood St.
 City Cerritos State CA Zip Code 90703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erlinda Abcede, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : 11AI-75705
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Kevin Booth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5725 W. Las Positas Blvd., #20
 City Pleasanton State CA Zip Code 94588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kevin Booth, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 11AI-75719
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 750.00

C. Paul Brower MD
 Full Name (Last, First, Middle Initial)
 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: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : 11AI-75709
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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**

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

FOR LINE NUMBER: PAGE 7 OF 22
(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. Jitka Civrna MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 74000 Country Club Drive, #G2
 City State Zip Code
 Palm Desert CA 92260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jitka Civrna, MD Physician
 Receipt For: 2012
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : 11AI-75678
 Amount of Each Receipt this Period
 200.00

B. Robert Cohenour M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6950 Calledia
 City State Zip Code
 Camarillo CA 93012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Robert Cohenour, MD Physician
 Receipt For: 2012
 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
 10 / 22 / 2012
Transaction ID : 11AI-75666
 Amount of Each Receipt this Period
 250.00

C. Elliott Fankuchen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3517
 City State Zip Code
 Laguna Hills CA 92654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Elliott Fankuchen, MD Physician
 Receipt For: 2012
 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
 10 / 25 / 2012
Transaction ID : 11AI-75692
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22
(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. Tony Feuerman MD

Mailing Address 16133 Ventura Blvd., #1105

City Encino	State CA	Zip Code 91436
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tony Feuerman, MD	Occupation Physician
---------------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 18 / 2012
Transaction ID : 11AI-75647

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Richard Fischel MD

Mailing Address 1010 W La Veta Ste 775

City Orange	State CA	Zip Code 92868
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FEC ID number of contributing federal political committee. **C**

Name of Employer Richard Fischel, MD	Occupation Physician
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Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 22 / 2012
Transaction ID : 11AI-75669

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. James Grimes MD

Mailing Address 17400 Irvine Blvd., #F

City Tustin	State CA	Zip Code 92780
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FEC ID number of contributing federal political committee. **C**

Name of Employer James Grimes, MD	Occupation Physician
--------------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 29 / 2012
Transaction ID : 11AI-75708

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Marc Gutin MD
Full Name (Last, First, Middle Initial)

Mailing Address 210 S. Grand Ave., #224

City Glendora State CA Zip Code 91741

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

Name of Employer Marc Gutin, MD Occupation Physician

Receipt For: 2012
 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
 10 / 22 / 2012

Transaction ID : 11AI-75663

Amount of Each Receipt this Period
 250.00

B. Felicitas Halili MD
Full Name (Last, First, Middle Initial)

Mailing Address 6943 Roundup Way

City Orange State CA Zip Code 92869

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

Name of Employer Felicitas Halili, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 11AI-75681

Amount of Each Receipt this Period
 250.00

C. Edward Jeon MD
Full Name (Last, First, Middle Initial)

Mailing Address 23101 Sherman Plaza Ste 405

City West Hills State CA Zip Code 91307

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

Name of Employer Edward Jeon, MD Occupation Physician

Receipt For: 2012
 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
 10 / 25 / 2012

Transaction ID : 11AI-75683

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 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Richard Kettler MD
Full Name (Last, First, Middle Initial)

Mailing Address 1950 Sawtelle Blvd Ste 342

City Los Angeles State CA Zip Code 90025

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

Name of Employer Richard Kettler, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **300.00**

Date of Receipt
 / /
 10 / 18 / 2012

Transaction ID : 11AI-75648

Amount of Each Receipt this Period
 100.00

B. Lorrie Klein MD
Full Name (Last, First, Middle Initial)

Mailing Address 30201 Golden Lantern Ste B

City Laguna Niguel State CA Zip Code 92677

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

Name of Employer Lorrie Klein, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **1100.00**

Date of Receipt
 / /
 10 / 22 / 2012

Transaction ID : 11AI-75664

Amount of Each Receipt this Period
 500.00

C. Sten Kramer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1401 Avocado Ave Ste 307

City Newport Beach State CA Zip Code 92660

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

Name of Employer Sten Kramer, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt
 / /
 11 / 16 / 2012

Transaction ID : 11AI-75729

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 11 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Jaesung Lee
Full Name (Last, First, Middle Initial)

Mailing Address 301 South Moorpark Rd

City State Zip Code
Thousand Oaks CA 91361

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

Name of Employer Occupation
Jaesung Lee, MD Physician

Receipt For: 2012
 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
11 / 09 / 2012

Transaction ID : 11AI-75720

Amount of Each Receipt this Period
500.00

B. Leonard Lewenstein MD
Full Name (Last, First, Middle Initial)

Mailing Address 422 21st St

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Occupation
Leonard Lewenstein, MD Physician

Receipt For: 2012
 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
10 / 18 / 2012

Transaction ID : 11AI-75645

Amount of Each Receipt this Period
250.00

C. Gregory Lizer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1346 Foothill Blvd., #201

City State Zip Code
La Canada CA 91011

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

Name of Employer Occupation
Gregory Lizer, MD Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : 11AI-75643

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 12 OF 22
(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. Trevor Lynch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6815 Noble Ave
 City Van Nuys State CA Zip Code 91405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trevor Lynch, MD Occupation Physician
 Receipt For: 2012
 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
 10 / 29 / 2012
Transaction ID : 11AI-75702
 Amount of Each Receipt this Period
250.00

B. Robert Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 15th St
 City Hermosa Beach State CA Zip Code 90254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert Marshall, MD Occupation Physician
 Receipt For: 2012
 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
 10 / 31 / 2012
Transaction ID : 11AI-75715
 Amount of Each Receipt this Period
250.00

C. Rolando Mercader MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 S. Alvarado St., #106
 City Los Angeles State CA Zip Code 90057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rolando Mercader, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : 11AI-75660
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Raffi-Jean Mesrobian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 W Alameda Ave Ste 307

City Burbank	State CA	Zip Code 91505
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FEC ID number of contributing federal political committee. **C**

Name of Employer Raffi-Jean Mesrobian, MD	Occupation Physician
--	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : 11AI-75661

Amount of Each Receipt this Period
500.00

B. Randall Nourse
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Sea Wind Ct

City Carlsbad	State CA	Zip Code 92011
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FEC ID number of contributing federal political committee. **C**

Name of Employer Randall Nourse, MD	Occupation Physician
--	-------------------------

Receipt For: 2012
 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
 10 / 25 / 2012
Transaction ID : 11AI-75686

Amount of Each Receipt this Period
250.00

C. Mark Rodrigues
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 W La Veta Ste 470

City Orange	State CA	Zip Code 92868
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mark Rodrigues, MD	Occupation Physician
--	-------------------------

Receipt For: 2012
 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
 10 / 29 / 2012
Transaction ID : 11AI-75706

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**

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

FOR LINE NUMBER: PAGE 14 OF 22
(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. Franklin Rumore MD

Mailing Address 2505 Samaritan Drive, #603

City San Jose	State CA	Zip Code 95124
------------------	-------------	-------------------

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

Name of Employer Franklin Rumore, MD	Occupation Physician
---	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
450.00

Date of Receipt
10 / 18 / 2012
Transaction ID : 11AI-75644

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Lee Sadjia 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 Sadjia, MD	Occupation Physician
------------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 29 / 2012
Transaction ID : 11AI-75699

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. 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: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 29 / 2012
Transaction ID : 11AI-75701

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 15 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. James Strebig MD
Full Name (Last, First, Middle Initial)

Mailing Address 4050 Barranca Pkwy., #250

City Irvine State CA Zip Code 92604

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

Name of Employer James Strebig, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 09 / 2012

Transaction ID : 11AI-75723

Amount of Each Receipt this Period
 500.00

B. Mikio Tachibana MD
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Warner Ave., #154

City Fountain Valley State CA Zip Code 92708

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

Name of Employer Mikio Tachibana, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2012

Transaction ID : 11AI-75711

Amount of Each Receipt this Period
 200.00

C. J. Bradley Taylor MD
Full Name (Last, First, Middle Initial)

Mailing Address 30421 Via Festivo

City San Juan Capistrano State CA Zip Code 92675

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

Name of Employer J. Bradley Taylor, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2012

Transaction ID : 11AI-75642

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... **1200.00**

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 OF 22
(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. Garo Tertzakian MD

Mailing Address 1801 N. Broadway

City Santa Ana State CA Zip Code 92706

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

Name of Employer Garo Tertzakian, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 09 / 2012
Transaction ID : 11AI-75722

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Steven Tradonsky MD

Mailing Address 7485 Mission Valley Road, Ste

City San Diego State CA Zip Code 92108

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

Name of Employer Steven Tradonsky, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 22 / 2012
Transaction ID : 11AI-75672

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Thua Vinh

Mailing Address 12665 Garden Grove Ste 309

City Garden Grove State CA Zip Code 92843

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

Name of Employer Thua Vinh, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 25 / 2012
Transaction ID : 11AI-75682

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**

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

FOR LINE NUMBER: PAGE 17 OF 22
(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. Matthew Vo MD

Mailing Address 22 Palermo Walk

City Long Beach State CA Zip Code 90803

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

Name of Employer Matthew Vo, MD Occupation Physician

Receipt For: 2012
 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
 10 / 18 / 2012

Transaction ID : 11AI-75662

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Sandra Wallace MD

Mailing Address 50 Alessandro Pl # 360

City Pasadena State CA Zip Code 91105

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

Name of Employer Sandra Wallace, MD Occupation Physician

Receipt For: 2012
 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
 10 / 25 / 2012

Transaction ID : 11AI-75679

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Chris Wu MD

Mailing Address 355 E 21st St Ste G

City San Bernardino State CA Zip Code 92404

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

Name of Employer Chris Wu, MD Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : 11AI-75712

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 18 OF 22
(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. Dwight Wymore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27336 Sunnyridge Road
 City Palos Verdes State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dwight Wymore, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 11AI-75725
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 350.00

B. Matthew Zetumer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5190 Governor Drive, #102
 City San Diego State CA Zip Code 92122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Matthew Zetumer, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : 11AI-75651
 Amount of Each Receipt this Period
 150.00
 Aggregate Year-to-Date ▼
 400.00

C.
 Full Name (Last, First, Middle Initial)
 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)

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).....▶	400.00
TOTAL This Period (last page this line number only).....▶	11200.00

**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)

<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. Brian Bilbray for Congress

Mailing Address 18144 Via de Fortuna

City Rancho Santa Fe State CA Zip Code 92067

Purpose of Disbursement
Political Contribution

011

Candidate Name

Brian Bilbray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : 23-697

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

B. Mary Bono Mack Committee

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement
Political Contribution

011

Candidate Name

Mary Bono Mack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : 23-698

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Paul Cook for Congress

Mailing Address PO Box 365

City Yucca Valley State CA Zip Code 92286

Purpose of Disbursement
Political Contribution

011

Candidate Name

Paul Cook

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : 23-703

Amount of Each Disbursement this Period

2000.00

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

6750.00

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

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**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. Jim Costa for Congress

Mailing Address 2037 W Bullard

City Fresno State CA Zip Code 93711

Purpose of Disbursement
Political Contribution

011

Candidate Name

Jim Costa

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : 23-699

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Denham for Congress

Mailing Address PO Box 1830

City Modesto State CA Zip Code 95353

Purpose of Disbursement
Political Contribution

011

Candidate Name

Jeff Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : 23-700

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Ricky Gill for Congress

Mailing Address 2819 W. March Lane, Ste B8

City Stockton State CA Zip Code 95219

Purpose of Disbursement
Political Contribution

011

Candidate Name

Ricky Gill

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : 23-706

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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**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. Maldonado for Congress

Mailing Address PO Box 5325

City Santa Maria State CA Zip Code 93456

Purpose of Disbursement
Political Contribution

011

Candidate Name

Abel Maldonado

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 23-707

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Mandel Senate Victory Committee

Mailing Address PO Box 7272

City Alexandria State VA Zip Code 22307

Purpose of Disbursement
Political Contribution

011

Candidate Name

Josh Mandel

Category/
Type

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 23-705

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Royce Campaign Committee

Mailing Address PO Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement
Political Contribution

011

Candidate Name

Ed Royce

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 40

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 23-696

Amount of Each Disbursement this Period

1	2	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

7	2	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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. Strickland for Congress 2012

Mailing Address 515 S Figueroa St 16th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Political Contribution

011

Candidate Name

Tony Strickland

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2012

Transaction ID : 23-702

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Tarkanian for Congress

Mailing Address 50 S. Jones Blvd #202

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement
Political Contribution

011

Candidate Name

Danny Tarkanian

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : 23-704

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. John Tavaglione for Congress 2012

Mailing Address 6900 Brockton Ave #10

City Riverside State CA Zip Code 92506

Purpose of Disbursement
Political Contribution

011

Candidate Name

John F Tavaglione

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 43

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : 23-695

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

23950.00
