

**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="2011"/>		107463.22
(b) Cash on Hand at Beginning of Reporting Period.....	91793.22	
(c) Total Receipts (from Line 19)	25572.00	97802.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	117365.22	205265.22
7. Total Disbursements (from Line 31).....	4500.00	92400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	112865.22	112865.22
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).....	5200.00	41975.00
(ii) Unitemized	20372.00	55827.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25572.00	97802.00
(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)	25572.00	97802.00
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))..... ▶	25572.00	97802.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25572.00	97802.00

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.....	3500.00	91400.00
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	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	1000.00	1000.00
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)) ..	4500.00	92400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	92400.00

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)	25572.00	97802.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25572.00	97802.00
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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Arthur Astorino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1525 Superior Ave., #101
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthur Astorino, 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
 12 / 21 / 2011
Transaction ID : 11AI-75267
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 300.00

B. Allyson Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1441 Avocado Ave., #301
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allyson Brooks, 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
 12 / 27 / 2011
Transaction ID : 11AI-75176
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 350.00

C. Dennis Chan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 N. Garfield Ave Ste 107
 City Monterey Park State CA Zip Code 91754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dennis Chan, 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
 12 / 15 / 2011
Transaction ID : 11AI-75266
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 7 OF 19
	<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. Yong Chung MD
Full Name (Last, First, Middle Initial)
Mailing Address 839 Celtic Dr
City Palmdale State CA Zip Code 90275
FEC ID number of contributing federal political committee. **C**
Name of Employer Yong Chung, MD Occupation Physician
Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **300.00**

Date of Receipt
12 / 28 / 2011
Transaction ID : 11AI-75231
Amount of Each Receipt this Period
200.00

B. Laurence Denny MD
Full Name (Last, First, Middle Initial)
Mailing Address 285 North El Camino Real, Ste
City Encinitas State CA Zip Code 92024
FEC ID number of contributing federal political committee. **C**
Name of Employer Laurence Denny, MD Occupation Physician
Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **300.00**

Date of Receipt
12 / 14 / 2011
Transaction ID : 11AI-75068
Amount of Each Receipt this Period
100.00

C. Laurence Denny MD
Full Name (Last, First, Middle Initial)
Mailing Address 285 North El Camino Real, Ste
City Encinitas State CA Zip Code 92024
FEC ID number of contributing federal political committee. **C**
Name of Employer Laurence Denny, MD Occupation Physician
Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **300.00**

Date of Receipt
12 / 21 / 2011
Transaction ID : 11AI-75134
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **400.00**
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 19
(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

Full Name (Last, First, Middle Initial)
A. Nam Dong MD
 Mailing Address 14082 Magnolia St., #111
 City State Zip Code
 Westminster CA 92683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nam Dong, MD 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
 12 / 14 / 2011
Transaction ID : 11AI-75121
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Boyd Flinders MD
 Mailing Address 2701 W Alameda Ave Ste 403
 City State Zip Code
 Burbank CA 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boyd Flinders, MD 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
 12 / 16 / 2011
Transaction ID : 11AI-75252
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Susan Greenberg-Engla MD
 Mailing Address 20 S. Santa Cruz Ave., #315
 City State Zip Code
 Los Gatos CA 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Susan Greenberg-Engla, MD 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
 12 / 14 / 2011
Transaction ID : 11AI-75173
 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 9 OF 19
(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

Full Name (Last, First, Middle Initial)
A. Kenneth House MD

Mailing Address 27726 Pacific Coast Hwy

City Malibu State CA Zip Code 90265

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

Name of Employer Kenneth House, MD Occupation Physician

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

Aggregate Year-to-Date **300.00**

Date of Receipt
12 / 21 / 2011

Transaction ID : 11AI-75186

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Scott Jenkins MD

Mailing Address 20242 Lighthouse Lane

City Huntington Beach State CA Zip Code 92646

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

Name of Employer Scott Jenkins, MD Occupation Physician

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

Aggregate Year-to-Date **400.00**

Date of Receipt
12 / 21 / 2011

Transaction ID : 11AI-75224

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. Leonard Newman MD

Mailing Address 40 El Toyonal

City Orinda State CA Zip Code 94563

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

Name of Employer Leonard Newman, MD Occupation Physician

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

Aggregate Year-to-Date **600.00**

Date of Receipt
12 / 14 / 2011

Transaction ID : 11AI-75177

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **400.00**

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 19
(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. Atalanta Olito DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 37963 Panorama Court
 City Murrieta State CA Zip Code 92562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atalanta Olito, 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
 12 / 21 / 2011
Transaction ID : 11AI-75125
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 300.00

B. Maria Pamaran MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10230 E. Artesia Blvd., #302
 City Bellflower State CA Zip Code 90706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maria Pamaran, 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
 12 / 14 / 2011
Transaction ID : 11AI-75236
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2011
Transaction ID : 11AI-75145
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrew Roth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2080 Century Park East #1505
 City Los Angeles State CA Zip Code 90067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Andrew Roth, 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 Y Y
 12 / 14 / 2011
Transaction ID : 11AI-75228
 Amount of Each Receipt this Period
 100.00

B. Horst Rudrich DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Channing St.
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horst Rudrich, 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
 12 / 19 / 2011
Transaction ID : 11AI-75238
 Amount of Each Receipt this Period
 100.00

C. Franklin Rumore MD
 Full Name (Last, First, Middle Initial)
 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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 11AI-75057
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....	300.00
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 12 OF 19
	<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. Beverly Sansone MD
Full Name (Last, First, Middle Initial)
Mailing Address 9940 Talbert Ave Ste 303

City Fountain Valley	State CA	Zip Code 92708
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FEC ID number of contributing federal political committee. **C**

Name of Employer Beverly Sansone, MD	Occupation Physician
---	-------------------------

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 14 / 2011
Transaction ID : 11AI-75289

Amount of Each Receipt this Period
250.00

B. Thomas Satrom MD
Full Name (Last, First, Middle Initial)
Mailing Address 647 Wellesley Drive

City Claremont	State CA	Zip Code 91711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Thomas Satrom, MD	Occupation Physician
---------------------------------------	-------------------------

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 21 / 2011
Transaction ID : 11AI-75163

Amount of Each Receipt this Period
100.00

C. Kenneth Schemmer MD
Full Name (Last, First, Middle Initial)
Mailing Address 811 Wildrose Drive

City Brea	State CA	Zip Code 92821
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
450.00

Date of Receipt
12 / 16 / 2011
Transaction ID : 11AI-75218

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	450.00
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 19
	<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. Kenneth Schemmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Wildrose Drive
 City Brea State CA Zip Code 92821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kenneth Schemmer, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 11AI-75162
 Amount of Each Receipt this Period
 100.00

B. Mohamad Shaheedy MD
 Full Name (Last, First, Middle Initial)
 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: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 11AI-75247
 Amount of Each Receipt this Period
 100.00

c. Vinayak Shanbhag MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 W. La Veta
 City Orange State CA Zip Code 92868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vinayak Shanbhag, MD Occupation Physician
 Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : 11AI-75141
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... **400.00**
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 19
(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. Benjamin Shwachman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4157
 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: 2012
 Primary General
 Other (specify) **▼** Calendar Year
 Aggregate Year-to-Date **▼**
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2011
Transaction ID : 11AI-75131
 Amount of Each Receipt this Period
 100.00

B. Catherine Sims MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 565 Olazabal Dr.
 City State Zip Code
 Hemet CA 92545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catherine Sims, 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
 12 / 19 / 2011
Transaction ID : 11AI-75105
 Amount of Each Receipt this Period
 100.00

C. Aaron Spitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25200 La Paz Rd Ste 200
 City State Zip Code
 Laguna Hills CA 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aaron Spitz, 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
 12 / 16 / 2011
Transaction ID : 11AI-75280
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 15 OF 19
	<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. Andrea Stein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 Santa Monica Blvd., #730
 City Santa Monica State CA Zip Code 90404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Andrea Stein, 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
 12 / 21 / 2011
Transaction ID : 11AI-75152
 Amount of Each Receipt this Period
 100.00

B. 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 **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2011
Transaction ID : 11AI-75258
 Amount of Each Receipt this Period
 100.00

C. Bahnam Thomas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3431 Lake Shore Ave
 City Fallbrook State CA Zip Code 92028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bahnam Thomas, 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
 12 / 19 / 2011
Transaction ID : 11AI-75248
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....	300.00
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 19
	(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. Jerald Waldman MD
Full Name (Last, First, Middle Initial)

Mailing Address 26401 Crown Valley Pky #101

City Mission Viejo	State CA	Zip Code 92691
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jerald Waldman, 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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : 11AI-75112

Amount of Each Receipt this Period
500.00

B. Yuh Huey Wang MD
Full Name (Last, First, Middle Initial)

Mailing Address 1106 S Diamond Bar Blvd

City Diamond Bar	State CA	Zip Code 91765
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FEC ID number of contributing federal political committee. **C**

Name of Employer Yuh Huey Wang, MD	Occupation Physician
---------------------------------------	-------------------------

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

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

Transaction ID : 11AI-75195

Amount of Each Receipt this Period
100.00

C. Darryl Werner MD
Full Name (Last, First, Middle Initial)

Mailing Address 720 N. Tustin Ave., #100

City Santa Ana	State CA	Zip Code 92705
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FEC ID number of contributing federal political committee. **C**

Name of Employer Darryl Werner, 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
12	/	06	/	2011

Transaction ID : 11AI-75151

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 17 OF 19
(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. Robert Yun MD
Full Name (Last, First, Middle Initial)
Mailing Address 22353 N. Summit Ridge Circle
City Chatsworth State CA Zip Code 91311
FEC ID number of contributing federal political committee. **C**
Name of Employer Robert Yun, MD Occupation Physician
Receipt For: 2012
 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
12 / 14 / 2011
Transaction ID : 11AI-75251
Amount of Each Receipt this Period
100.00

B.
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) Calendar Year
Aggregate Year-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

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) Calendar Year
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).....	100.00
TOTAL This Period (last page this line number only).....	5200.00

**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. Linda Lingle Senate Committee

Mailing Address PO Box 7272

City Alexandria State VA Zip Code 22307

Purpose of Disbursement
Political Contribution

011

Candidate Name

Linda Lingle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : 23-643

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Juan Vargas for Congress

Mailing Address 5429 madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Political Contribution

011

Candidate Name

Juan C Vargas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : 23-642

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3500.00

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

3500.00

**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 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 checked="" 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. Andrew Cuomo 2014

Mailing Address 151 W 25th St 12th Floor

City New York State NY Zip Code 10001

Purpose of Disbursement
Contribution to Non-Federal Cmte

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : 29-641

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00