

**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-Mutual Protection Trust (CAP-MPT) Federal PAC

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

X

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)

X 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 (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

01

2005

through

08

31

2005

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

Vincent Guakieri, MD

Signature of Treasurer

Electronically Filed by Vincent Guakieri, MD

Date

09

09

2005

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Report Covering the Period: From: ^M08 ^D01 ^Y2005 To: ^M08 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		83056.73
(b) Cash on Hand at Beginning of Reporting Period	112755.21	
(c) Total Receipts (from Line 19)	26340.00	94888.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139095.21	177945.21
<hr/>		
7. Total Disbursements (from Line 31)	766.28	39616.28
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	138328.93	138328.93
<hr/>		
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**

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Page 3

Write or Type Committee Name

Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Report Covering the Period: From: ^M08 ^D01 ^Y2005 To: ^M08 ^D31 ^Y2005

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)	21650.00	40000.00
(ii) Unitemized	4690.00	36330.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	26340.00	76330.00
(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)	26340.00	76330.00
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	18558.48
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 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))	26340.00	94888.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26340.00	94888.48

DETAILED SUMMARY PAGE

of Disbursements

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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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	466.28	466.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	466.28	466.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	300.00	38900.00
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	250.00
(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	250.00
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 ActMty (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))..	766.28	39616.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	766.28	39616.28

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)	26340.00	76330.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26340.00	76080.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	466.28	466.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	18558.48
38. Net Operating Expenditures (subtract Line 37 from Line 36)	466.28	-18092.20

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

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

FOR LINE NUMBER: PAGE 6 / 34

(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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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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Juan Alas-Pocasangre, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 252 S. Poplar Ave #202		Transaction ID: 11ai4183
City Brea	State CA	Zip Code 92821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Juan Alas-Pocasangre, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Amy Abt, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 2167 Ridge Drive		Transaction ID: 11ai4114
City Pinetop	State AZ	Zip Code 85835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Amy Abt, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. H Richard Adams, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 2840 Long Beach Blvd #13D		Transaction ID: 11ai4111
City Long Beach	State CA	Zip Code 90808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer H Richard Adams, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Stuart Anderson, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 11 Windham Ln		Transaction ID: 11ai4185
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stuart Anderson, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Brian Andrews, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 45 Castro St #421		Transaction ID: 11ai4150
City San Francisco	State CA	Zip Code 94114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brian Andrews, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Kevin Ashby, MD		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 239B1 Calle Dela Magdalena#1		Transaction ID: 11ai411B
City Laguna Hills	State CA	Zip Code 92653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kevin Ashby, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Paul Beck, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 725 W La Veta Ave #28D		Transaction ID: 11ai4107
City Orange	State CA	Zip Code 92868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Paul Beck, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James Bell, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 284D Long Beach Blvd #23D		Transaction ID: 11ai4099
City Long Beach	State CA	Zip Code 90806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer James Bell, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Gregory Bishop, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address PO Box 809001		Transaction ID: 11ai417B
City San Diego	State CA	Zip Code 92160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gregory Bishop, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 9 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Daniel Borenstein, MD		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 151 N Canyon View Dr		Transaction ID: 11ai4125
City Los Angeles	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Daniel Borenstein, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Fox Boswell, MD		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 4300 Long Beach Blvd #30D		Transaction ID: 11ai4130
City Long Beach	State CA	Zip Code 90807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fox Boswell, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Duke Chang, MD		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 21350 Hawthorne Blvd #17D		Transaction ID: 11ai4124
City Torrance	State CA	Zip Code 90503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Duke Chang, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Dennis Chen, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 1533 Via Castilla		Transaction ID: 11ai4165
City PalosVerdesEstates	State CA	Zip Code 90274
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dennis Chen, MD	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cecilia Chu, MD		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 3771 Katella Ave Ste 205		Transaction ID: 11ai4140
City Los Alamitos	State CA	Zip Code 90720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cecilia Chu, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Donald Chung, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 2885 Atlantic Ave #253		Transaction ID: 11ai4184
City Long Beach	State CA	Zip Code 90808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Donald Chung, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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 11 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. David Davis, MD Mailing Address 201 D1 Sw Birch St #100 <hr/> City State Zip Code Newport Beach CA 92660 <hr/> FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2005 <hr/> Transaction ID: 11ai4103 <hr/> Amount of Each Receipt this Period 250.00
Name of Employer David Davis, MD <hr/> Receipt For: Primary General Other (specify) ▼	Occupation Physician <hr/> Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Chinh Dinh, MD Mailing Address 3414 W Ball Rd # F <hr/> City State Zip Code Anaheim CA 92804 <hr/> FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2005 <hr/> Transaction ID: 11ai4163 <hr/> Amount of Each Receipt this Period 250.00
Name of Employer Chinh Dinh, MD <hr/> Receipt For: Primary General Other (specify) ▼	Occupation Physician <hr/> Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. James Fanlon, MD Mailing Address 1180 Baker St #100 <hr/> City State Zip Code Costa Mesa CA 92626 <hr/> FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2005 <hr/> Transaction ID: 11ai4166 <hr/> Amount of Each Receipt this Period 250.00
Name of Employer James Fanlon, MD <hr/> Receipt For: Primary General Other (specify) ▼	Occupation Physician <hr/> Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

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FOR LINE NUMBER: PAGE 12 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Tony Feuerman, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005
Mailing Address 18133 Ventura Blvd #1105		Transaction ID: 11ai4148
City	State	Zip Code
Encino	CA	91436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tony Feuerman, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Madeline Fisher, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2005
Mailing Address 2125 Linda Flora Dr		Transaction ID: 11ai4176
City	State	Zip Code
Los Angeles	CA	90077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Madeline Fisher, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. L. Wayne Freeman, MD		Date of Receipt M / D / Y Y Y Y 08 / 05 / 2005
Mailing Address PO Box 250		Transaction ID: 11ai4152
City	State	Zip Code
Los Alamitos	CA	90720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer L. Wayne Freeman, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 13 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Robert Frizzell, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005
Mailing Address 1907 W Ave L		Transaction ID: 11ai4142
City Lancaster	State CA	Zip Code 93534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Robert Frizzell, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Shobhana Gandhi, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2005
Mailing Address 1300 N Vermont Ave		Transaction ID: 11ai4181
City Los Angeles	State CA	Zip Code 90027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shobhana Gandhi, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vincent Guakien, MD		Date of Receipt M / D / Y Y Y Y 08 / 30 / 2005
Mailing Address 4955 Van Nuys Blvd #704		Transaction ID: 11ai4214
City Sherman Oaks	State CA	Zip Code 91403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Vincent Guakien, MD	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
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 14 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Marc Guin, MD		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 210 S Grand Ave #224		Transaction ID: 11ai4153
City Glendora	State CA	Zip Code 91741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Marc Guin, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Cecelia Hann, MD		Date of Receipt M / D / Y 08 / 11 / 2005
Mailing Address 24355 Lyons Ave #216		Transaction ID: 11ai4191
City Newhall	State CA	Zip Code 91321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cecelia Hann, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. John Ingram, MD		Date of Receipt M / D / Y 08 / 24 / 2005
Mailing Address 288B Long Beach Blvd #34D		Transaction ID: 11ai4211
City Long Beach	State CA	Zip Code 90808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer John Ingram, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Kenneth Ishizue, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005	
Mailing Address 12705 Corte Cordillera		Transaction ID: 11ai4139	
City State Zip Code Salinas CA 93808	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kenneth Ishizue, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Geun Jahng, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005	
Mailing Address 8135 S Painter Ave #203		Transaction ID: 11ai4143	
City State Zip Code Whittier CA 90602	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Geun Jahng, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		
Full Name (Last, First, Middle Initial) C. Kedy Jao, DO		Date of Receipt M / D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 12675 La Mirada Blvd #220		Transaction ID: 11ai4204	
City State Zip Code La Mirada CA 90638	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kedy Jao, DO	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Bruce Joseph, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005	
Mailing Address 8001 Truxtun Ave Ste 220b		Transaction ID: 11ai4144	
City Bakersfield	State CA	Zip Code 93309	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bruce Joseph, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. George Kaplan, MD		Date of Receipt M / D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 2435 Russell St		Transaction ID: 11ai4197	
City Berkeley	State CA	Zip Code 94705	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer George Kaplan, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Neil Klein, MD		Date of Receipt M / D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 11411 Brookshire Ave #504		Transaction ID: 11ai4201	
City Downey	State CA	Zip Code 90241	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Neil Klein, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Lawrence Koning, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 900 S Main St #205		Transaction ID: 11ai4190
City Corona	State CA	Zip Code 92882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lawrence Koning, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Warren Kramer, MD		Date of Receipt M / D / Y 08 / 28 / 2005
Mailing Address 1401 Avocado Ste 307		Transaction ID: 11ai4212
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Warren Kramer, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Richard Kyaw, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 12580 Palm Dr		Transaction ID: 11ai4105
City Desert Hot Springs	State CA	Zip Code 92240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Richard Kyaw, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Inna Lampert, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 1211 Brunswick Ave		Transaction ID: 11ai4106
City South Pasadena	State CA	Zip Code 91030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Inna Lampert, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Maria Lander, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 81-812 Dr Carreon Blvd #A		Transaction ID: 11ai4160
City Indio	State CA	Zip Code 92201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Maria Lander, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. James Lee, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 1211 W La Palma #610		Transaction ID: 11ai4098
City Anaheim	State CA	Zip Code 92801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer James Lee, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 10 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Stephen Lindsay, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005
Mailing Address 447 Old Newport Blvd #210		Transaction ID: 11ai4138
City Newport Beach	State CA	Zip Code 92663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stephen Lindsay, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Edward Littlejohn, MD		Date of Receipt M / D / Y Y Y Y 08 / 03 / 2005
Mailing Address 14911 National Ave #3		Transaction ID: 11ai4110
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Edward Littlejohn, MD	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Lyon, MD		Date of Receipt M / D / Y Y Y Y 08 / 05 / 2005
Mailing Address 30110 Crown Valley Pky #101		Transaction ID: 11ai4151
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer William Lyon, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Patricia Maciog, MD Mailing Address 8226 Spring St #240 <hr/> City State Zip Code Long Beach CA 90815 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Patricia Maciog, MD Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 08 04 2005 <hr/> Transaction ID: 11ai4136 <hr/> Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) B. Dunja Maglica, MD Mailing Address 4820 Via Pavion <hr/> City State Zip Code PalosVerdesEstates CA 90274 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Dunja Maglica, MD Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 08 04 2005 <hr/> Transaction ID: 11ai4141 <hr/> Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) C. Kai Uwe Mazur, MD Mailing Address 1405 Montgomery Dr <hr/> City State Zip Code Santa Rosa CA 95405 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Kai Uwe Mazur, MD Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y Y Y Y 08 10 2005 <hr/> Transaction ID: 11ai4158 <hr/> 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Hazel McKillop, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2005	
Mailing Address 4253 W Redonda Beach Blvd		Transaction ID: 11ai4179	
City Lawndale	State CA	Zip Code 90260	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hazel McKillop, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Mark Merriman, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2005	
Mailing Address 42 Alviso Dr		Transaction ID: 11ai4157	
City Camarillo	State CA	Zip Code 93010	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mark Merriman, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Richard Moyer, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005	
Mailing Address 399 E Highland Ave Ste 227		Transaction ID: 11ai4120	
City San Bernardino	State CA	Zip Code 92404	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Richard Moyer, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Suresh Nayak, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 303 N 15th St #D		Transaction ID: 11ai4112
City San Jose	State CA	Zip Code 95112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Suresh Nayak, MD	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Don Nishiguchi, MD		Date of Receipt M / D / Y 08 / 11 / 2005
Mailing Address 24355 Lyons Ave #216		Transaction ID: 11ai4192
City Newhall	State CA	Zip Code 91321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Don Nishiguchi, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Renuka Patel, MD		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 981B Paramount Blvd		Transaction ID: 11ai4195
City Downey	State CA	Zip Code 90240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Renuka Patel, MD	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Renuka Patel, MD		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 981B Paramount Blvd		Transaction ID: 11ai4202
City Downey	State CA	Zip Code 90240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Renuka Patel, MD	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas Paukert, MD		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 3443 Villa Ln #6		Transaction ID: 11ai4200
City Napa	State CA	Zip Code 94558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Thomas Paukert, MD	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel Paveloff, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 7315 Clinton St		Transaction ID: 11ai4167
City Los Angeles	State CA	Zip Code 90038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Daniel Paveloff, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Marie Pean, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005
Mailing Address 14824 Sherman Wy #401		Transaction ID: 11ai4121
City Van Nuys	State CA	Zip Code 91405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Marie Pean, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Sandra Petersen, MD		Date of Receipt M / D / Y Y Y Y 08 / 17 / 2005
Mailing Address 2909 Brant St		Transaction ID: 11ai4205
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sandra Petersen, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Pablo Prieto, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2005
Mailing Address 280 S Main St #200		Transaction ID: 11ai415B
City Orange	State CA	Zip Code 92668
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pablo Prieto, MD	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Renie Ramos, MD		Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address P.O. Box 511		Transaction ID: 11ai4102	
City Upland	State CA	Zip Code 91785	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Renie Ramos, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Arnold Rappoport, MD		Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address 5414 Heron Bay		Transaction ID: 11ai4096	
City Long Beach	State CA	Zip Code 90803	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Arnold Rappoport, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Ralph Riffenburgh, MD		Date of Receipt M / D / Y 08 / 04 / 2005	
Mailing Address 10 Congress St #340		Transaction ID: 11ai4123	
City Pasadena	State CA	Zip Code 91105	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ralph Riffenburgh, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Wendy Rosenstein, MD		Date of Receipt M / D / Y 08 / 30 / 2005	
Mailing Address 10444 Santa Monica Bl #304		Transaction ID: 11ai4215	
City Los Angeles	State CA	Zip Code 90025	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wendy Rosenstein, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Laurie Rubenstein, MD		Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address 595 Price Ave #E		Transaction ID: 11ai4117	
City Redwood City	State CA	Zip Code 94063	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Laurie Rubenstein, MD	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James Shafer, MD		Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address 203 W Badillo St		Transaction ID: 11ai410B	
City Covina	State CA	Zip Code 91723	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer James Shafer, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 34

(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. James Song, MD		Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address 1881 Hanover Rd. #103		Transaction ID: 11ai4097	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Industry	CA	91748	
FEC ID number of contributing federal political committee. C			
Name of Employer James Song, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas Swanson, MD		Date of Receipt M / D / Y 08 / 04 / 2005	
Mailing Address 27800 Medical Center Rd #318		Transaction ID: 11ai4127	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Mission Viejo	CA	92691	
FEC ID number of contributing federal political committee. C			
Name of Employer Thomas Swanson, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Andres Taleisnik, MD		Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address 1140 W La Veta Ave #380		Transaction ID: 11ai4100	
City	State	Zip Code	Amount of Each Receipt this Period 100.00
Orange	CA	92668	
FEC ID number of contributing federal political committee. C			
Name of Employer Andres Taleisnik, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Frank Li Volsi, MD		Date of Receipt M / D / Y Y Y Y 08 / 03 / 2005	
Mailing Address PD Box 1339		Transaction ID: 11ai4094	
City Anderson	State CA	Zip Code 96007	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Frank Li Volsi, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Patrick Wade, MD		Date of Receipt M / D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 1461 E Chevy Chase Dr #101		Transaction ID: 11ai4203	
City Glendale	State CA	Zip Code 91206	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Patrick Wade, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Ernest Wagner, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2005	
Mailing Address 17390 Golden Maple Lane		Transaction ID: 11ai4164	
City Yorba Linda	State CA	Zip Code 92888	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ernest Wagner, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Robert Watts, MD		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005
Mailing Address 3001 High St #D		Transaction ID: 11ai4132
City	State	Zip Code
Oakland	CA	94619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Robert Watts, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Palmer White, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2005
Mailing Address 165 Rowland Way #212		Transaction ID: 11ai4158
City	State	Zip Code
Novato	CA	94945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Palmer White, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Williams, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2005
Mailing Address 1334 W Covina Blvd #102		Transaction ID: 11ai4161
City	State	Zip Code
San Dimas	CA	91773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Richard Williams, MD	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Richard Yadley, MD		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 256 S Marengo Ave		Transaction ID: 11ai4108
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Richard Yadley, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roderick Yasuda, MD		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 18350 Roscoe Blvd #201		Transaction ID: 11ai4146
City Northridge	State CA	Zip Code 91325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roderick Yasuda, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anni Yue, MD		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 20405 Covina Hills Rd		Transaction ID: 11ai4174
City Covina	State CA	Zip Code 91724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anni Yue, MD	Occupation Physician	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 34
(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-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial) A. Kenneth Zuckerman, MD		Date of Receipt M / D / Y 08 / 10 / 2005	
Mailing Address 16300 Sand Canyon Ave #704		Transaction ID: 11ai4188	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Inine	CA	92618	
FEC ID number of contributing federal political committee. C			
Name of Employer Kenneth Zuckerman, MD	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	21650.00

**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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial)
A. Proforma American Filing Solutions

Mailing Address PO Box 51925

City Los Angeles State CA Zip Code 90051-8225

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B21(b)329
Date of Disbursement

08 / 17 / 2005

Amount of Each Disbursement this Period

466.28

SUBTOTAL of Disbursements This Page (optional) ▶

466.28

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

466.28

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

A. Full Name (Last, First, Middle Initial)
McConnell Senate Committee

Mailing Address Post Office Box 1498

City Louisville State KY Zip Code 40201

Purpose of Disbursement
5/17/04 Contribution Voided

Candidate Name
Mitch Mc Connell

Office Sought: House Disbursement For: 2008
 Senate Primary General
 President
 State: KY District Other (specify) ▼

011
Category/
Type

Transaction ID: B23332
Date of Disbursement
08 / 23 / 2005

Amount of Each Disbursement this Period
-1000.00

B. Full Name (Last, First, Middle Initial)
Oxley for Congress

Mailing Address PO Box 2006

City Findlay State OH Zip Code 45830

Purpose of Disbursement
Political Contribution

Candidate Name
Michael Oxley

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: OH District 4 Other (specify) ▼

011
Category/
Type

Transaction ID: B23327
Date of Disbursement
08 / 04 / 2005

Amount of Each Disbursement this Period
500.00

C. Full Name (Last, First, Middle Initial)
Royce Campaign Committee

Mailing Address Post Office Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement
Political Contribution

Candidate Name
Ed Royce

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: CA District 40 Other (specify) ▼

011
Category/
Type

Transaction ID: B23330
Date of Disbursement
08 / 31 / 2005

Amount of Each Disbursement this Period
800.00

SUBTOTAL of Disbursements This Page (optional) ▶ 300.00

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

**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 34 / 34

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians-Mutual Protection Trust (CAP-MPT) Federal PAC

Full Name (Last, First, Middle Initial)
A. Tom Feeney for Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement
Political Contribution

Candidate Name
Tom Feeney

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

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B23328
Date of Disbursement
08 / 04 / 2005

Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial)
B. Voinovich for Senate

Mailing Address 1331 H Street, NW, 12th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
7/1/04 Contribution Voided

Candidate Name
George Voinovich

Office Sought: House Senate President
State: OH District:

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B23331
Date of Disbursement
08 / 29 / 2005

Amount of Each Disbursement this Period
-500.00

SUBTOTAL of Disbursements This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	300.00