

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Cooperative of American Physicians Federal Political Action Committee

ADDRESS (number and street) 333 S. Hope Street, 8th Floor
 Check if different than previously reported. (ACC)
Los Angeles CA 90071

2. **FEC IDENTIFICATION NUMBER** C00161604
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ 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 06 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kirk Alan Pessner

Signature of Treasurer Electronically Filed by Kirk Alan Pessner Date 07 11 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		107463.22
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	108745.22									
(c) Total Receipts (from Line 19)	13745.00	45377.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122490.22	152840.22								
7. Total Disbursements (from Line 31)	13900.00	44250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	108590.22	108590.22								
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:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	9100.00	18050.00
(ii) Unitemized	4645.00	27327.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13745.00	45377.00
(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)	13745.00	45377.00
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 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))	13745.00	45377.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13745.00	45377.00

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.....	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.....	13900.00	44250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13900.00	44250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13900.00	44250.00

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)	13745.00	45377.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13745.00	45377.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(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

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.

Full Name (Last, First, Middle Initial)
Robert Agulnek, MD

Mailing Address PO Box 56208

City State Zip Code
Sherman Oaks CA 91413

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

Name of Employer Robert Agulnek, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt

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

Transaction ID: 11AI-74882

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Reuel Asinas, MD

Mailing Address 27164 Bidwell Lane

City State Zip Code
Valencia CA 91354

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

Name of Employer Reuel Asinas, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **350.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: 11AI-74859

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Arthur Astorino, MD

Mailing Address 1525 Superior Ave., #101

City State Zip Code
Newport Beach CA 92663

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

Name of Employer Arthur Astorino, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **300.00**

Date of Receipt

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

Transaction ID: 11AI-74865

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 18

(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

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.

Full Name (Last, First, Middle Initial)
Bahram Bahrami, MD

Mailing Address 2934 Ingelow St

City State Zip Code
San Diego CA 92106

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

Name of Employer Occupation
Bahram Bahrami, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **250.00**

Date of Receipt

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

Transaction ID: 11AI-74868

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Jagminder Bhalla, MD

Mailing Address 1801 W. Romneya Dr Ste 505

City State Zip Code
Anaheim CA 92801

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

Name of Employer Occupation
Jagminder Bhalla, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: 11AI-74822

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Bruce Burton, MD

Mailing Address 14 Rippling Stream

City State Zip Code
Irvine CA 92715

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

Name of Employer Occupation
Bruce Burton, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **250.00**

Date of Receipt

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

Transaction ID: 11AI-74827

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Patrick Mc Callion, MD

Mailing Address 5565 Grossmont Center, Drive,

City State Zip Code
La Mesa CA 91942

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

Name of Employer Patrick Mc Callion, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **250.00**

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: 11AI-74886

Amount of Each Receipt this Period
250.00

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

Mailing Address 30251 Via Festivo

City State Zip Code
San Juan Capistran CA 92675

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

Name of Employer Richard Claveria, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **250.00**

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: 11AI-74856

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Donald Cornforth, MD

Mailing Address 9602 Stockdale Hwy

City State Zip Code
Bakersfield CA 93303

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

Name of Employer Donald Cornforth, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **250.00**

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: 11AI-74890

Amount of Each Receipt this Period
250.00

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

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Francisco Correa, MD

Mailing Address 1350 W 6th St Ste 3

City State Zip Code
San Pedro CA 90732

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

Name of Employer Francisco Correa, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 11AI-74835

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ronald Correa, MD

Mailing Address 361 E. Whittier Blvd., #B

City State Zip Code
La Habra CA 90631

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

Name of Employer Ronald Correa, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 11AI-74863

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Csiszar, MD

Mailing Address 804 W 7th St

City State Zip Code
Hanford CA 93230

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

Name of Employer Jeffrey Csiszar, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date
500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 11AI-74885

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Roger Dainer, DO

Mailing Address 4626 Willow Road

City Pleasanton State CA Zip Code 94588

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

Name of Employer Roger Dainer, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt 06 / 29 / 2011
Transaction ID: 11AI-74846
 Amount of Each Receipt this Period 250.00

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

Mailing Address 14257 Roblar Place

City Sherman Oaks State CA Zip Code 91423

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

Name of Employer Carol First, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 500.00

Date of Receipt 06 / 16 / 2011
Transaction ID: 11AI-74881
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Michael Gales, MD

Mailing Address 11847 Wilshire Ste #303

City Los Angeles State CA Zip Code 90025

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

Name of Employer Michael Gales, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 500.00

Date of Receipt 06 / 16 / 2011
Transaction ID: 11AI-74888
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 18
(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

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.

Full Name (Last, First, Middle Initial)
John German, MD

Mailing Address 17762 Mountainview Circle

City State Zip Code
Villa Park CA 92867

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

Name of Employer John German, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt

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

Transaction ID: 11AI-74877

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 6943 Roundup Way

City State Zip Code
Orange CA 92869

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

Name of Employer Felicitas Halili, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **350.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

Transaction ID: 11AI-74844

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Brian Jacks, MD

Mailing Address 462 N. Linden Drive, #441

City State Zip Code
Beverly Hills CA 90212

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

Name of Employer Brian Jacks, MD Occupation Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

Transaction ID: 11AI-74873

Amount of Each Receipt this Period
250.00

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

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 18
	<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.	Full Name (Last, First, Middle Initial) Charles Klieman, MD		Date of Receipt
	Mailing Address 15141 E Whittier Blvd Suite		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Whittier	CA	90603
	FEC ID number of contributing federal political committee. C		Transaction ID: 11AI-74879
Name of Employer Charles Klieman, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Calendar Year		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Roya Maani, MD		Date of Receipt
	Mailing Address 18120 Jaguar Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Tarzana	CA	91335
	FEC ID number of contributing federal political committee. C		Transaction ID: 11AI-74883
Name of Employer Roya Maani, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Calendar Year		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Douglas Morrow, MD		Date of Receipt
	Mailing Address 18370 Burbank Blvd., #607		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Tarzana	CA	91356
	FEC ID number of contributing federal political committee. C		Transaction ID: 11AI-74824
Name of Employer Douglas Morrow, MD		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Calendar Year		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 18

(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

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.

Full Name (Last, First, Middle Initial)

Juan Polanco, MD

Mailing Address P O Box 54125

City State Zip Code
Irvine CA 92619

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

Name of Employer Occupation
Juan Polanco, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **350.00**

Date of Receipt

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

Transaction ID: 11AI-74826

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ralph Riffenburgh, MD

Mailing Address 10 Congress St., #340

City State Zip Code
Pasadena CA 91105

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

Name of Employer Occupation
Ralph Riffenburgh, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 11AI-74872

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard Santore, MD

Mailing Address 7910 Frost St Ste 200

City State Zip Code
San Diego CA 92123

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

Name of Employer Occupation
Richard Santore, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **1000.00**

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Transaction ID: 11AI-74847

Amount of Each Receipt this Period

1000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(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

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.

Full Name (Last, First, Middle Initial)
Mohamad Shaheedy, MD

Mailing Address 5400 Balboa Blvd., #210

City State Zip Code
Encino CA 91316

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

Name of Employer Occupation
Mohamad Shaheedy, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: 11AI-74840

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Benjamin Shwachman, MD

Mailing Address PO Box 4157

City State Zip Code
Covina CA 91723

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

Name of Employer Occupation
Benjamin Shwachman, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: 11AI-74862

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Curtis Spencer, MD

Mailing Address 2760 Atlantic Ave

City State Zip Code
Long Beach CA 90806

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

Name of Employer Occupation
Curtis Spencer, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: 11AI-74837

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 18
(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

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.

Full Name (Last, First, Middle Initial) Lisa Thomsen, MD		Date of Receipt MM / DD / YYYY 06 / 02 / 2011
Mailing Address 5323 Crestview Dr		Transaction ID: 11AI-74864
City La Verne	State CA	Zip Code 91750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lisa Thomsen, MD	Occupation Physician	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 350.00	

B.

Full Name (Last, First, Middle Initial) Sandra Wallace, MD		Date of Receipt MM / DD / YYYY 06 / 02 / 2011
Mailing Address 50 Alessandro Pl # 360		Transaction ID: 11AI-74845
City Pasadena	State CA	Zip Code 91105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sandra Wallace, MD	Occupation Physician	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

C.

Full Name (Last, First, Middle Initial) Jana Wells, MD		Date of Receipt MM / DD / YYYY 06 / 16 / 2011
Mailing Address 10149 Larrylyn Drive		Transaction ID: 11AI-74858
City Whittier	State CA	Zip Code 90603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jana Wells, MD	Occupation Physician	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Darryl Werner, MD

Mailing Address 720 N. Tustin Ave., #100

City State Zip Code
Santa Ana CA 92705

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

Name of Employer Occupation
Darryl Werner, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

Transaction ID: 11AI-74832

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Wu, MD

Mailing Address 2504 Samaritan Drive

City State Zip Code
San Jose CA 95124

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

Name of Employer Occupation
Elizabeth Wu, MD Physician

Receipt For: 2011
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: 11AI-74848

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	9100.00

**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

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.	Full Name (Last, First, Middle Initial) McCarthy Victory Fund <hr/> Mailing Address 214 Main St., #404 <hr/> City El Segundo State CA Zip Code 90245 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name McCarthy Victory Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Calendar year	Transaction ID: 23-613 Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends of John Barrasso <hr/> Mailing Address PO Box 7272 <hr/> City Alexandria State VA Zip Code 22307 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name John Barrasso <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	Transaction ID: 23-614 Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2011 <hr/> Amount of Each Disbursement this Period 3000.00
C.	Full Name (Last, First, Middle Initial) Feinstein for Senate <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name Dianne Feinstein <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Transaction ID: 23-612 Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2011 <hr/> Amount of Each Disbursement this Period 3000.00

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

<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

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.

Full Name (Last, First, Middle Initial)
Janice Hahn for Congress

Transaction ID: 23-611
Date of Disbursement

Mailing Address 2513 Pacific Coast Hwy

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

City State Zip Code
Torrance CA 90717

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Janice Hahn

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: CA District: 36

General Runoff

B.

Full Name (Last, First, Middle Initial)
Romney for President, Inc.

Transaction ID: 23-616
Date of Disbursement

Mailing Address 11150 Santa Monica Blvd # 450

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

City State Zip Code
Los Angeles CA 90025

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Mitt Romney

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: 23-615
Date of Disbursement

Mailing Address PO Box 2525

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	1

City State Zip Code
Orange CA 92859

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Ed Royce

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 40

SUBTOTAL of Disbursements This Page (optional)

6900.00

TOTAL This Period (last page this line number only)

13900.00
