



**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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		178337.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	185313.22									
(c) Total Receipts (from Line 19) .....	5675.00	89391.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	190988.22	267728.22								
7. Total Disbursements (from Line 31) .....	107000.00	183740.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	83988.22	83988.22								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cooperative of American Physicians Federal Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	4250.00	60475.00
(ii) Unitemized .....	1425.00	28916.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5675.00	89391.00
(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) .....	5675.00	89391.00
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)) .....	5675.00	89391.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5675.00	89391.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	22000.00	66440.00
24. Independent Expenditure (use Schedule E) .....	85000.00	117300.00
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))..	107000.00	183740.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107000.00	183740.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	5675.00	89391.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5675.00	89391.00
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 / 15  
(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)  
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: 2010  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** 11AI-74297

Amount of Each Receipt this Period  
250.00

**B.** 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 Bahram Bahrami, MD      Occupation Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** 11AI-74309

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Bijan Broukhim, MD

Mailing Address 16311 Ventura Blvd STE 1080

City State Zip Code  
Encino CA 91436

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

Name of Employer Bijan Broukhim, MD      Occupation Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) Calendar Year

Aggregate Year-to-Date  
850.00

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

**Transaction ID:** 11AI-74296

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: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Butler, MD		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 1301 20th St Ste 300		<b>Transaction ID:</b> 11AI-74310		
	City Santa Monica	State CA	Zip Code 90404	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer David Butler, MD	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year					

<b>B.</b>	Full Name (Last, First, Middle Initial) Elliott Fankuchen, MD		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address PO Box 3517		<b>Transaction ID:</b> 11AI-74300		
	City Laguna Hills	State CA	Zip Code 92654	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Elliott Fankuchen, MD	Occupation Physician	Aggregate Year-to-Date 500.00		
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year					

<b>C.</b>	Full Name (Last, First, Middle Initial) Bernard Feldman, MD		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 351 Hospital Road, #316		<b>Transaction ID:</b> 11AI-74294		
	City Newport Beach	State CA	Zip Code 92663	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Bernard Feldman, MD	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 15  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Christina Friar, MD

Mailing Address 18034 Ventura Blvd Pmb #340

City Encino State CA Zip Code 91316

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

Name of Employer Christina Friar, MD Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt 11 / 04 / 2010  
Transaction ID: 11AI-74317  
Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 17762 Mountainview Circle

City Villa Park State CA Zip Code 92867

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

Name of Employer John German, MD Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt 10 / 29 / 2010  
Transaction ID: 11AI-74289  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
David Gibbs, MD

Mailing Address 1120 W La Veta #100

City Orange State CA Zip Code 91268

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

Name of Employer David Gibbs, MD Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 250.00

Date of Receipt 11 / 16 / 2010  
Transaction ID: 11AI-74318  
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 9 / 15
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Kim, MD		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 4201 Torrance Blvd Ste 190		<b>Transaction ID:</b> 11AI-74311		
	City Torrance	State CA	Zip Code 90503	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer William Kim, MD	Occupation Physician			
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Juan Alas Pocasangre, MD		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 545 N. San Gabriel Ave.		<b>Transaction ID:</b> 11AI-74315		
	City Azusa	State CA	Zip Code 91702	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Juan Alas Pocasangre, MD	Occupation Physician			
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 350.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Shapiro, MD		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 2400 Bahamas Dr #200		<b>Transaction ID:</b> 11AI-74295		
	City Bakersfield	State CA	Zip Code 93309	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Todd Shapiro, MD	Occupation Physician			
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year		Aggregate Year-to-Date 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 / 15  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Charles Steinmann, MD

Mailing Address 213 Via Koron

City State Zip Code  
Newport Beach CA 92663

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

Name of Employer Charles Steinmann, MD Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt  

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

**Transaction ID: 11AI-74298**

Amount of Each Receipt this Period  
**250.00**

**B.**

Full Name (Last, First, Middle Initial)  
Kent Swanson, MD

Mailing Address 154 Alviso Drive

City State Zip Code  
Camarillo CA 93010

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

Name of Employer Kent Swanson, MD Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt  

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

**Transaction ID: 11AI-74292**

Amount of Each Receipt this Period  
**250.00**

**C.**

Full Name (Last, First, Middle Initial)  
Anni Yue, MD

Mailing Address 20405 Covina Hills Road, E

City State Zip Code  
Covina CA 91724

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

Name of Employer Anni Yue, MD Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **500.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

**Transaction ID: 11AI-74314**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4250.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte	Transaction ID: 23-583 Date of Disbursement 10 / 29 / 2010
	Mailing Address 101 Charles Street	Amount of Each Disbursement this Period 4000.00
	City Manchester State NH Zip Code 03101	
	Purpose of Disbursement Political Contribution Candidate Name Kelly Ayotte	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cardoza for Congress	Transaction ID: 23-584 Date of Disbursement 10 / 29 / 2010
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 1000.00
	City Merced State CA Zip Code 95344	
	Purpose of Disbursement Political Contribution Candidate Name Dennis Cardoza	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jim Costa for Congress	Transaction ID: 23-586 Date of Disbursement 10 / 29 / 2010
	Mailing Address 2037 W Bullard	Amount of Each Disbursement this Period 2500.00
	City Fresno State CA Zip Code 93711	
	Purpose of Disbursement Political Contribution Candidate Name Jim Costa	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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 12 / 15

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Texans for Henry Cuellar Congressional Campaign <hr/> Mailing Address 1519 Washington St., #200 <hr/> City Laredo State TX Zip Code 78042 <hr/> Purpose of Disbursement Political Contribution Candidate Name Henry Cuellar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 23-592 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 Category/Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Djou for Congress <hr/> Mailing Address 725 Kapiolani, #C105 <hr/> City Honolulu State HI Zip Code 96813 <hr/> Purpose of Disbursement Political Contribution Candidate Name Charles Djou <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 23-588 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Friends of David Harmer, Inc. <hr/> Mailing Address 6920 Koll Ctr Pkwy, #219 <hr/> City Pleasanton State CA Zip Code 94566 <hr/> Purpose of Disbursement Political Contribution Candidate Name David Harmer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 23-587 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kirk for Senate</p> <p>Mailing Address PO Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Mark S Kirk</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 23-589 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rand Paul for Senate</p> <p>Mailing Address 1019 State Street</p> <p>City Bowling Green State KY Zip Code 42101</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rand Paul</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 23-590 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rossi for Senate</p> <p>Mailing Address 1331 118th St., #100</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Dino Rossi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 23-591 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

4000.00

**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 14 / 15

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

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

A.

Full Name (Last, First, Middle Initial)  
Toomey for Senate

Transaction ID: 23-580  
Date of Disbursement

Mailing Address Post Office Box 7272

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

City State Zip Code  
Alexandria VA 22307

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
Pat Toomey

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District:

B.

Full Name (Last, First, Middle Initial)  
Van Tran for Congress

Transaction ID: 23-585  
Date of Disbursement

Mailing Address 3337 S Bristol St, #49

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

City State Zip Code  
Santa Ana CA 92840

Amount of Each Disbursement this Period

3500.00
---------

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
Van Tran

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

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

5500.00
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TOTAL This Period (last page this line number only) .....

22000.00
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# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Cooperative of American Physicians Federal Political Action Committee	FEC IDENTIFICATION NUMBER <b>C</b> C00161604
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
MH Media LLC

---

Mailing Address  
7801 Norfolk Avenue, Suite T3

---

City Bethesda	State MD	Zip Code 20814
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---

Purpose of Expenditure Television Buy	Category/ Type 011
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Ken Buck

---

Calendar Year-To-Date Per Election for Office Sought	85000.00
---	----------

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

Amount  
75000.00

Transaction ID: E-581

Office Sought:  House State: CO  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
MH Media LLC

---

Mailing Address  
7801 Norfolk Avenue, Suite T3

---

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

---

Purpose of Expenditure Television Buy	Category/ Type 011
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Ken Buck

---

Calendar Year-To-Date Per Election for Office Sought	85000.00
---	----------

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

Amount  
10000.00

Transaction ID: E-593

Office Sought:  House State: CO  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	85000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	85000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kirk Alan Pessner \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 1 / 2 2 / 2 0 1 0