

**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)

X

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 (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

05

01

2005

through

05

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

06

16

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>05 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>05 <sup>D</sup>31 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		83056.73
(b) Cash on Hand at Beginning of Reporting Period .....	87470.21	
(c) Total Receipts (from Line 19) .....	17160.00	59423.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	114630.21	142480.21
<hr/>		
7. Total Disbursements (from Line 31) .....	10000.00	37850.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	104630.21	104630.21
<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	

CA

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. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>05 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>05 <sup>D</sup>31 <sup>Y</sup>2005

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) .....	12500.00	12750.00
(ii) Unitemized .....	4660.00	28115.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	17160.00	40865.00
(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) .....	17160.00	40865.00
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)) .....	17160.00	59423.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17160.00	59423.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	10000.00	37600.00
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))..	10000.00	37850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	10000.00	37850.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17160.00	40865.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17160.00	40615.00
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	18558.48
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	-18558.48

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

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

FOR LINE NUMBER: PAGE 6 / 23

(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) <b>A. Erlinda Abcede, MD</b> Mailing Address 12314 Charwood St City State Zip Code Cerritos CA 90703 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Erlinda Abcede, MD Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2005 Transaction ID: 11ai3750 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) <b>B. David Anderson, M.D.</b> Mailing Address 15141 Whittier Blvd., #330 City State Zip Code Whittier CA 90603 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 05 / 10 / 2005 Transaction ID: 11ai3778 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) <b>C. CARLOS ARCANGELI, MD</b> Mailing Address 109 Lauren Circle City State Zip Code Scotts Valley CA 95068 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 05 / 17 / 2005 Transaction ID: 11ai3803 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(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) <b>A. STEVE AUER, MD</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 19906 PACIFIC COAST HWY		Transaction ID: 11ai3769
City MALIBU	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer STEVE AUER, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOHN BORNSTEIN, MD</b>		Date of Receipt M / D / Y 05 / 05 / 2005
Mailing Address 4330 MEADOW VIEW PLACE		Transaction ID: 11ai3762
City ENCINO	State CA	Zip Code 91436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JOHN BORNSTEIN, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paul Brower, MD</b>		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 24301 Paseo De Valencia		Transaction ID: 11ai3766
City Laguna Woods	State CA	Zip Code 92653
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Paul Brower, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(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)  
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Full Name (Last, First, Middle Initial) <b>A. Lee Burnett, D.O.</b>		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 28922 Dsa Parkway, #380		Transaction ID: 11ai3761
City	State	Zip Code
Mission Viejo	CA	92691
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. DENNIS CHAN, MD</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 500 N GARFIELD AVE #107		Transaction ID: 11ai3773
City	State	Zip Code
MONTEREY PARK	CA	91754
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer DENNIS CHAN, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Dennis Chen</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 1533 Via Castilla		Transaction ID: 11ai377D
City	State	Zip Code
Palos Verdes Estat	CA	90274
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
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 / 23  
(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) <b>A. David Davis, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address 201 D1 Sw Birch St #100		Transaction ID: 11a13760
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer David Davis, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Margaret Dese, M.D.</b>		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2005
Mailing Address 1164 N Euclid Street		Transaction ID: 11a13763
City Anaheim	State CA	Zip Code 92801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. George El Khoury, M.D.</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address 1561 Ramillo Avenue		Transaction ID: 11a1383B
City Long Beach	State CA	Zip Code 90815
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
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 / 23

(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) <b>A. ELLIOTT FANKUCHEN, MD</b>		Date of Receipt M / D / Y 05 / 10 / 2005	
Mailing Address 3 MONTECITO DR		Transaction ID: 11ai3772	
City State Zip Code CORONA DEL MAR CA 92625	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		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. TONY FEUERMAN, MD</b>		Date of Receipt M / D / Y 05 / 10 / 2005	
Mailing Address 16133 VENTURA BLVD #1105		Transaction ID: 11ai3777	
City State Zip Code ENCINO CA 91426	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TONY FEUERMAN, MD	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Carol First, MD</b>		Date of Receipt M / D / Y 05 / 12 / 2005	
Mailing Address 14257 Roblar Place		Transaction ID: 11ai378B	
City State Zip Code Sherman Oaks CA 91423	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carol First, 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)  
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FOR LINE NUMBER: PAGE 11 / 23  
(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) <b>A. Boyd Flinders, MD</b>		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 2701 W Alameda Ave #507		Transaction ID: 11ai3779
City	State	Zip Code
Burbank	CA	91505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Boyd Flinders, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Gazzaniga, MD</b>		Date of Receipt M / D / Y 05 / 08 / 2005
Mailing Address 301 W Bastanchury #180		Transaction ID: 11ai3763
City	State	Zip Code
Fullerton	CA	92835
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Michael Gazzaniga, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. David Healdoff, M.D.</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 5170 Sepulveda Blvd., #100		Transaction ID: 11ai3771
City	State	Zip Code
Sherman Oaks	CA	91403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(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) <b>A. WILLIAM HUMMEL MD</b>		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 11515 EL CAMINO REAL #100		Transaction ID: 11ai3783
City	State	Zip Code
SAN DIEGO	CA	92130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer WILLIAM HUMMEL, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kenneth Ishizua, MD</b>		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 12705 Corte Cordillera		Transaction ID: 11ai3831
City	State	Zip Code
Salinas	CA	93908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kenneth Ishizua, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Geun Jahng, MD</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 8135 S Painter Ave #203		Transaction ID: 11ai3793
City	State	Zip Code
Whittier	CA	90602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Geun Jahng, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 600.00
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 13 / 23  
(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) <b>A. R. Kevin Jones, M.D.</b>		Date of Receipt M / D / Y 05 / 17 / 2005
Mailing Address #5 Puerto Royal		Transaction ID: 11ai9813
City	State	Zip Code
San Clemente	CA	92672
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN JOSEPH MD</b>		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 9400 BRIGHTON W/Y #203		Transaction ID: 11ai9791
City	State	Zip Code
BEVERLY HILLS	CA	90210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JOHN JOSEPH MD	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Brooklin Karran, M.D.</b>		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 445 Comstock Avenue		Transaction ID: 11ai9833
City	State	Zip Code
Los Angeles	CA	90024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 23  
(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) <b>A. NAJI KANDALAFI, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 17 / 2005
Mailing Address 412 W CARROLL AVE #204		Transaction ID: 11ai3799
City	State	Zip Code
GLENDORA	CA	91741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer NAJI KANDALAFI, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Labowe, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 18 / 2005
Mailing Address 100 Ucla Medical Plaza #7		Transaction ID: 11ai3797
City	State	Zip Code
Los Angeles	CA	90095
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mark Labowe, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. CHARLES LAU, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2005
Mailing Address 3959 LAUREL CANYON BLVD #1		Transaction ID: 11ai3751
City	State	Zip Code
STUDIO CITY	CA	91604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CHARLES LAU, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 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) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 23

(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) <b>A. Laura Mabie, M.D.</b>		Date of Receipt M / D / Y 05 / 31 / 2005	
Mailing Address 1346 Foothill Blvd #201		Transaction ID: 11ai9834	
City La Canada	State CA	Zip Code 91011	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Mehboob Mehani, M.D.</b>		Date of Receipt M / D / Y 05 / 05 / 2005	
Mailing Address 19400 Turtle Ridge Lane		Transaction ID: 11ai9755	
City Northridge	State CA	Zip Code 91326	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. David Monarrez, MD</b>		Date of Receipt M / D / Y 05 / 10 / 2005	
Mailing Address 675 E Grand Blvd #1D6		Transaction ID: 11ai9775	
City Corona	State CA	Zip Code 92879	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer David Monarrez, 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 16 / 23  
(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) <b>A. Lalita Pandit, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address 11180 Warner Ave #417		Transaction ID: 11ai9898
City Fountain Valley	State CA	Zip Code 92708
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lalita Pandit, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Damodara Rajasekhar, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 08 / 2005
Mailing Address 20200 Quail Hollow Rd		Transaction ID: 11ai9764
City Apple Valley	State CA	Zip Code 92308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Damodara Rajasekhar, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MARVIN RAWITCH, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 12 / 2005
Mailing Address 17772 IRVINE BLVD #102		Transaction ID: 11ai9786
City TUSTIN	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MARVIN RAWITCH, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 / 23  
(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) <b>A. Amer Rayyes, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2005
Mailing Address 2032 Burnt Mill Rd		Transaction ID: 11ai3756
City	State	Zip Code
Tustin	CA	92782
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Amer Rayyes, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard Sanders, M.D.</b>		Date of Receipt M / D / Y Y Y Y 05 / 11 / 2005
Mailing Address 800B Frost Street, Suite 300		Transaction ID: 11ai3780
City	State	Zip Code
San Diego	CA	92123
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. STEWART SHANFIELD, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address 101 LAGUNA RD #A		Transaction ID: 11ai3832
City	State	Zip Code
FULLERTON	CA	92835
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer STEWART SHANFIELD, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 / 23  
(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) <b>A. RICHARD SMITH, MD</b>		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 135D WEST 6TH ST #2		Transaction ID: 11ai3835
City	State	Zip Code
SAN PEDRO	CA	90732
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer RICHARD SMITH, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHARLES STEINMAN, MD</b>		Date of Receipt M / D / Y 05 / 08 / 2005
Mailing Address 290B Lafayette		Transaction ID: 11ai3762
City	State	Zip Code
LAGUNA BEACH	CA	92653
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CHARLES STEINMANN, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MICHELE STEWART, MD</b>		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 415D REGENTS PARK ROW #250		Transaction ID: 11ai3826
City	State	Zip Code
LA JOLLA	CA	92037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MICHELE STEWART, MD	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23  
(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. Linda Swanson MD		Date of Receipt M / D / Y Y Y Y 05 / 17 / 2005
Mailing Address 23580 Madison St #105		Transaction ID: 11ai3811
City Torrance	State CA	Zip Code 90505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Linda Swanson, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Trop, MD		Date of Receipt M / D / Y Y Y Y 05 / 17 / 2005
Mailing Address 124D1 Wilshire Blvd #306		Transaction ID: 11ai3814
City Los Angeles	State CA	Zip Code 90025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Jeffrey Trop, MD	Occupation PHYSICIAN	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Tay Weinman, M.D.		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2005
Mailing Address PO Box 1071		Transaction ID: 11ai3757
City San Pedro	State CA	Zip Code 90733
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
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 / 23  
(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) <b>A. Glenn Weissman, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address 51 N Fifth Ave #202		Transaction ID: 11a13765
City	State	Zip Code
Arcadia	CA	91006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Glenn Weissman, MD	Occupation PHYSICIAN	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Williams, M.D.</b>		Date of Receipt M / D / Y Y Y Y 05 / 18 / 2005
Mailing Address 3425 Clairton Place		Transaction ID: 11a13817
City	State	Zip Code
Encino	CA	91436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. ANNI YUE, MD</b>		Date of Receipt M / D / Y Y Y Y 05 / 17 / 2005
Mailing Address 20405 COVINA HILLS RD		Transaction ID: 11a13807
City	State	Zip Code
COVINA	CA	91724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>12500.00</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)

PAGE 21 / 23

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

Full Name (Last, First, Middle Initial)  
**A. Coleman for Senate 2008**

Mailing Address 11150 Santa Monica Blvd., #450

City Los Angeles State CA Zip Code 90025

Purpose of Disbursement  
Political Contribution

Candidate Name  
Norm Coleman

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

Transaction ID: B23320  
Date of Disbursement  
05 / 09 / 2005

Amount of Each Disbursement this Period  
9000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Committee for the Preservation of Capitalism**

Mailing Address PO Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Political Contribution

Candidate Name

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

Transaction ID: B23319  
Date of Disbursement  
05 / 05 / 2005

Amount of Each Disbursement this Period  
500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. Ensign for Senate**

Mailing Address 8917 Stafford Springs Drive

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement  
Political Contribution

Candidate Name  
John Ensign

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

Transaction ID: B23324  
Date of Disbursement  
05 / 20 / 2005

Amount of Each Disbursement this Period  
1500.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5000.00**

**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 22 / 23

<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. Feinstein for Senate**

Mailing Address 601 South Glenoaks Boulevard #208

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Political Contribution

Candidate Name  
Dianna Feinstein

Office Sought: House  Senate  President   
State: CA District

Disbursement For: 2006  
 Primary General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23317  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Gary Miller for Congress**

Mailing Address 721 S. Brea Canyon Road, #7

City Diamond Bar State CA Zip Code 91780

Purpose of Disbursement  
Political Contribution

Candidate Name  
Gary Miller

Office Sought: House  Senate  President   
State: CA District 42

Disbursement For: 2006  
 Primary General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23321  
Date of Disbursement  
05 / 10 / 2005

Amount of Each Disbursement this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Hastert for Congress Committee**

Mailing Address Post Office Box 625

City Batabia State IL Zip Code 60510

Purpose of Disbursement  
Political Contribution

Candidate Name  
Denny Hastert

Office Sought: House  Senate  President   
State: IL District 14

Disbursement For: 2006  
 Primary General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23323  
Date of Disbursement  
05 / 12 / 2005

Amount of Each Disbursement this Period  
250.00

**SUBTOTAL of Disbursements This Page (optional) ▶ 1750.00**

**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 23 / 23

<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. Royce Campaign Committee

Mailing Address Post Office Box 2525

City State Zip Code  
Orange CA 92859

Purpose of Disbursement  
Political Contribution

Candidate Name  
Ed Royce

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

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23322  
Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)  
B. Santorum 2006

Mailing Address 227 Massachusetts Ave., NE Suite 1

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Political Contribution

Candidate Name  
Rick Santorum

Office Sought:  House  
 Senate  
 President  
State: PA District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: B23318  
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3250.00

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

10000.00