

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee		FEC IDENTIFICATION NUMBER ▼ C C00492116	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Revolution Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 27 / 2014	
Mailing Address 1020 Princess St		Amount 61825.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-291
Purpose of Expenditure TV Advertisement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 27 / 2014
Name of Federal Candidate Bill Cassidy		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		61825.00	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ► SPECIAL GENERAL

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	61825.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	61825.00

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.

Rebecca J Olson

[Electronically Filed]

Date

MM / DD / YYYY
11 / 30 / 2014

Signature