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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL Paul Cook for Congress | | |] | |
|--|---|---------|---|---------------------------|
| ADDRESS (number and street) PO Box 365 | | | - | |
| CITY, STATE, and ZIP CODE | | | - | |
| Yucca Valley | CA 922 | 86-0365 | | |
| 2. NAME OF CANDIDATE | 3. OFFICE SOUGHT (State and District) House CA 08 | | 4. FEC IDENTIFICATIO | N NUMBER |
| Paul Cook | | | C00512202 | |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING | YES, IT AMENDS THE NOTICE FILED ON | | / | / |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, | Amount |
| American Medical Association PAC (AMPAC) | | | day, year) | |
| 25 Massachusetts Avenue NW | | | 05/31/2014 | 2500 |
| Suite 600 | Transaction ID : 1591000 | | | |
| | Occupation | | | |
| | | | | |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount |
| | | | | |
| | | | | |
| | Occupation | | | |
| | | | | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, | Amount |
| C. FOLE MAINE, MAILING ADDRESS AND ZIF CODE | Occupation Occupation | | day, year) | Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, | Amount |
| | | | day, year) | |
| | | | | |
| | | | | |
| | Occupation | | - | |
| | | | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount |
| | | | day, year) | |
| | | | | |
| | | | | |
| | Occupation | | - | |
| | | | | |
| SIGNATURE (optional) Phil Waller | DATE 06/02/2014 | | For further information contact: Federal Election Commission | |
| | [Electronically Filed] | | 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 | |
| | | | IOII Free 800-424 | -9000, LOCAI 202-694-1100 |

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