

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cooperative of American Physicians IE Committee

ADDRESS (number and street) ▼

333 S Hope St 8th Floor

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90071

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492116

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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Rebecca Olson

Signature of Treasurer

Rebecca Olson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		54817.60
(b) Cash on Hand at Beginning of Reporting Period.....	54817.60	
(c) Total Receipts (from Line 19)	185827.97	185827.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	240645.57	240645.57
7. Total Disbursements (from Line 31)	36750.00	36750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	203895.57	203895.57
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

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).....

185820.73

185820.73

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

185820.73

185820.73

(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)

185820.73

185820.73

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.).....

7.24

7.24

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 Transfers (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))..... ▶

185827.97

185827.97

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

185827.97

185827.97

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) Allocated 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	5650.00	5650.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5650.00	5650.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1100.00	1100.00
(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)).....	1100.00	1100.00
29. Other Disbursements	30000.00	30000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	36750.00	36750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36750.00	36750.00

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)	185820.73	185820.73
34. Total Contribution Refunds (from Line 28(d))	1100.00	1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	184720.73	184720.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5650.00	5650.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	5650.00	5650.00

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

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

FOR LINE NUMBER: PAGE 6 OF 10
(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 IE Committee

Full Name (Last, First, Middle Initial)

A. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

184720.73

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 31 / 2013

Transaction ID : 11AI-68

Amount of Each Receipt this Period

166805.00

Full Name (Last, First, Middle Initial)

B. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

184720.73

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 31 / 2013

Transaction ID : 11AI-69

Amount of Each Receipt this Period

18365.73

Full Name (Last, First, Middle Initial)

C. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

184720.73

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 31 / 2013

Transaction ID : 11AI-72

Amount of Each Receipt this Period

650.00

In-Kind: Legal & Accounting Services

SUBTOTAL of Receipts This Page (optional)..... ►

185820.73

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

185820.73

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

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

FOR LINE NUMBER: PAGE 7 OF 10

(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 IE Committee

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 333 S Grand Ave

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☐ General

☒ Other (specify) ▼
 Calendar year

Aggregate Year-to-Date ▼

7.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 31 2013

Transaction ID : 17-67-O

Amount of Each Receipt this Period

7.24

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

7.24

7.24

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Cooperative of American Physicians IE Committee

Three 7-segment displays are shown side-by-side. The first display shows '01', the second shows '31', and the third shows '2013'. Each display has a label above it: 'M M' for the first, 'D D' for the second, and 'Y Y Y Y' for the third. The displays are connected to a common bus system.

Category/
Type

650.00

MM / DD / YYYY

Category/
Type

5000.00

Category/
Type[illegible]

5650.00

5650.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

Cooperative of American Physicians IE Committee

Category/
Type

Age group	Number of people
0-14	100
15-24	200
25-34	300
35-44	400
45-54	500
55-64	600
65-74	700
75-84	800
85-94	900
95-104	1000

Category/
TypeCategory/
Type

1100.00

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

1100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. California Civil Justice Association

Mailing Address 1201 K Street Suite 1850

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Membership Dues

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2013

Transaction ID : 29-173

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

B. Health Coalition on Liability and Access

Mailing Address Post Office Box 78096

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
Donation to Nonprofit Organization

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2013

Transaction ID : 29-175

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

30000.00

30000.00
