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Image# 15950086125

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

_		For Other Than An Autho	orized Committee	С	Office Use Only
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
С	cooperative of Americ	can Physicians IE Com	mittee		
L					
ADI	DRESS (number and street)	333 S Hope St 8th Floor			
	Check if different than previously reported. (ACC)	Los Angeles		CA	90071
2.	FEC IDENTIFICATION N	UMBER ▼ CITY	A	STATE A	ZIP CODE ▲
	C C00492116	3. IS	THIS NEW (N) OR	AMEN (A)	NDED
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Compared to the compared to th	Report Due On: Mar 2 Apr 26 (c) 12-Day PRE-Election Report for the: Q3)	0 (M2) May 20 (M5 0 (M3) Jun 20 (M6) 0 (M4) Jul 20 (M7) Primary (12P) Convention (12C)		(M9) Dec 20 (M12) (Non-Election Year Only) (M10) X Jan 31 (YE) PG) Runoff (12R)
	Year-End Report (July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R	
5.	Covering Period 1		through 12	31	2014
l ce	ertify that I have examined the	nis Report and to the best of m	ny knowledge and belief it is to	rue, correct and c	omplete.
Тур	e or Print Name of Treasure	er Rebecca Olson			
Sig	nature of Treasurer Rebe	ecca Olson	[Electronically Filed]	Date 01	22 / 2015
NO [.]	TE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the	penalties of 2 U.S.C. §437g.
	Office Use				FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Cooperative of American Physicians	s IE Committee	Page 2
Report Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		392200.56
(b) Cash on Hand at Beginning of Reporting Period	63792.73	
(c) Total Receipts (from Line 19)	26650.00	1179549.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90442.73	1571749.62
7. Total Disbursements (from Line 31)	87228.00	1568534.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3214.73	3214.73
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 multicar	ndidate committee. (see FEC FORM 1M)	
	For further information contact: Federal Election Commission	

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 IE Committee

	I. Receipts	COLUMN A	COLUMN B
	<u> </u>	Total This Period	Calendar Year-to-Date
	entributions (other than loans) From:		
(a)			
	Than Political Committees	650.00	1144755.00
	(i) Itemized (use Schedule A)	000.00	
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)▶	650.00	1144755.00
	Lines Tr(a)(i) and (ii)	, , , , , , , , , , , , , , , , , , , ,	
(b)	Political Party Committees	0.00	0.00
(c)			
(0)	(such as PACs)	26000.00	34000.00
(d)		7	
(\(\omega\)	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	26650.00	1178755.00
. Tra	ansfers From Affiliated/Other		
	rty Committees	0.00	0.00
	7		
All	Loans Received	0.00	0.00
١.	an Repayments Received	0.00	0.00
	fsets To Operating Expenditures	7	0.00
	- · · · · · · · · · · · · · · · · · · ·		
	efunds, Rebates, etc.)	0.00	0.00
	arry Totals to Line 37, page 5)	7	0.00
	Federal Candidates and Other		
	litical Committees	0.00	0.00
	her Federal Receipts	0.00	5.55
	ividends, Interest, etc.)	0.00	794.06
	ansfers from Non-Federal and Levin Funds	0.00	794.00
	Non-Federal Account		
(a)	(from Schedule H3)	0.00	0.00
	(non concado no)	0.00	0.00
,, ,		0.00	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
	Total Transfers (add 40(s) and 40(l))	0.00	
(-)	Total Transfers (add 18(a) and 18(b))	0.00	0.00

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	15650.00	559571.58		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	15650.00	559571.58		
22.	Transfers to Affiliated/Other Party		7		
13	CommitteesContributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	0.00	0.00		
24.	Independent Expenditures	71578.00	978463.31		
25.	(use Schedule E)	1101000	57 5 150.01		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
26.	Loan Repayments Made	0.00	0.00		
07	Loans Made	0.00	0.00		
27. 28.	Refunds of Contributions To:	0.00	0.00		
	(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	30500.00		
	5	, , , , , , , , , , , , , , , , , , , ,			
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))	87228.00	1568534.89		
32.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	97229 00	1568534.89		
	from Line 31)▶	87228.00	1508534.89		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	26650.00	1178755.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26650.00	1178755.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	15650.00	559571.58
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	15650.00	559571.58

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)											
		X	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 th	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Cooperative of American Physic	cians IE Committee					
Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor	Cooperative of American Physicians					
City	City State Zip Code					
Los Angeles FEC ID number of contributing federal political committee.	CA 90071	Amount of Each Receipt this Period 650.00				
Name of Employer	Occupation	In-Kind: Administrative Fees				
Receipt For: 2014 Primary General Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 1144755.00					
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С					
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address	State Zip Code	M = M / D = D / Y = Y = Y				
City FFC ID number of contributing		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)		650.00				
TOTAL This Period (last page this line number	only)	650.00				

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64	SHEDIII E A /FFO F OY)		<u></u>	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 10 (check only one)
ITEMIZED RECEIPTS			for each category of the	
			Detailed Summary Page	
Ar	y information copied from such Reports and St	atements ma	I ay not be sold or used by any pe	erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and a	address of any political committee	to solicit contributions from such committee.
$ \rangle$	NAME OF COMMITTEE (In Full) Cooperative of American Physic	ians IE (Committee	
Α.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians F	ederal Pol	itical Action Committee	Date of Receipt
	Mailing Address 333 S Hope St 8th Floor			12 04 2014
	City	State	Zip Code	Transaction ID : 11C-139
	Los Angeles	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0161604	20000.00
	Name of Employer	Occupation		
	Receipt For: 2014	Aggregate	Year-to-Date ▼	
	Primary General	Aggregate	Teal-to-Date ▼	
	Other (specify) ▼ Calendar Year		34000.00	
	Full Name (Last, First, Middle Initial)		N 1101 1 A 01 A 01 100	
В.	Cooperative of American Physicians	Federal F	Political Action Committee	Date of Receipt
Mailing Address 333 S Hope St 8th Floor				M = M / D = D / Y = Y = Y
	City	State	Zip Code	12 11 2014
	Los Angeles	CA	90071	Transaction ID : 11C-140 Amount of Each Receipt this Period
			00011	Amount of Lacif Neceipt this Period
	FEC ID number of contributing federal political committee.	C cod	0161604	6000.00
	Name of Employer	Occupation		
	Receipt For: 2014	Aggregate	Year-to-Date ▼	
	Primary General	133.134		
	Other (specify) Calendar Year		34000.00	
<u>С</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	EEC ID number of contributing			Attribute of East Fleedigt this Feriod
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	ı	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General	Aggregate	TEAT-IU-DAIE ▼	
	Other (specify) ▼		7	
Is	UBTOTAL of Receipts This Page (optional)			26000.00

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

26000.00

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 10												
	EMIZED DISBURSEMENTS	Use separate schedule(s)			_	LINE N k only	. INDIVIDEIT.								
II LIWIIZED DISBUNSEIVIEN IS			category of the	`		21b	22		23		24		25		26
		Detailed	Summary Page		Н	27	28a		28b		28c		29		30b
	ny information copied from such Reports and Staten														
	for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full)														
angle	Cooperative of American Physician	is IE Co	mmittee												
\angle	Full Name (Look First Middle In:X:-1)					-									
Α.	Full Name (Last, First, Middle Initial)	\C					Date	of Di	isburse	eme	ent				
, · · ·	Cooperative of American Physician	15					M			D		V	I Y	V	
	Mailing Address 333 S Hope St 8th Floor						12			0			014	'	
	•	State	Zip Code				Trar	nsact	tion ID) : 2	1B-142	2-N			
	Los Angeles Purpose of Disbursement	CA	90071							_		-			
	In-Kind: Administrative Fees			Г.			Amou	nt of	Each	Dis	sburser	nent	this	Perio	od
	Candidate Name			Cot	200						551				
				Cate T	egor ype	y/			,		- 7		65	0.00	
	Office Sought: House Disbursen	nent For:													
		Primary	General												
	President State: District:	Other (spec	city) 🔻												
_															
В.	Full Name (Last, First, Middle Initial)						Date	of Di	iehurea	ama	nt				
٥.	Craig Brown Governmental Relation	IIS	15						Date of Disbursement						
	Mailing Address 1121 L Street, #103							ivi /		05			014	1	
	•	State	Zip Code			T	Trai	nsac	tion ID	 2 : 2	1B-29	 5			
	Sacramento Purpose of Disbursement	CA	95814							_					
	Consultant: Federal Public Policy			(001		Amou	nt of	Each	Dis	sburser	nent	this	Perio	od
	Candidate Name							01			3.301				
				Cate	z goi ype	у/			,				500	0.00	
	Office Sought: House Disbursen	nent For:													
		Primary	General												
		Other (spec	cify) 🔻												
_	State: District:														
_	Full Name (Last, First, Middle Initial)						Date	of Di	isburse	ame	nt				
J .	Holland & Knight LLP						M			D	/	V	Y	V	
	Mailing Address Post Office Box 864084						12)1			014		
	,	State	Zip Code				Trai	nsac	tion ID) : 2	1B-29	3			
	Orlando Purpose of Disbursement	FL	32886							_	_3				
	Consultant: Federal Public Policy			0	01		1 mar	nt of	Each	D:-	huros	no-	thic	Doric	v d
	Candidate Name			-		Amou	III OI	⊏acn	פוט	sburser	nent	ulls	rerio	u	
				Cate T	egor ype	y/		_	_				500	0.00	
	Office Sought: House Disbursen	nent For:			-	\neg			7		- 1				
		Primary	General												
		Other (spec	cify) 🔻												
_	State: District:														
1													1065) NN	
Ls	SUBTOTAL of Disbursements This Page (optional)				•••••	<u> </u>			7		- 7		. 505	3.00	
_	OTAL This Period (last page this line number only)														
	This i show (last page this line number only)										.000				

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 10						
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)					
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30l				
Any information copied from such Reports and Staten	pents may not be sold or use							
or for commercial purposes, other than using the nam	e and address of any politica	al committee to	solicit contributions from	m such committee.				
NAME OF COMMITTEE (In Full)								
$\Big angle$ Cooperative of American Physician	s IE Committee							
Full Name (Last, First, Middle Initial)								
A. Holland & Knight LLP	Holland & Knight LLP							
Mailing Address Post Office Box 864084			12 05	2014				
City	state Zip Code							
Orlando	FL 32886		Transaction ID: 21	B-294				
Purpose of Disbursement Consultant: Federal Public Policy		001	Amount of Each Disk	oursement this Period				
Candidate Name		Category/		5000.00				
Office Sought: House Disbursen	pont For:	Type		3000.00				
	Primary General							
	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Data of Dialogue					
3.			Date of Disbursemer	/				
Mailing Address	Mailing Address							
City	state Zip Code							
Purpose of Disbursement		-						
Candidate Name			Amount of Each Disk	oursement this Period				
Candidate Name		Category/ Type						
Office Sought: House Disbursen	nent For:	71	,	·				
	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
2.			Date of Disbursemer	nt				
Maillian Address			M M / D D	/				
Mailing Address								
City	itate Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type	Amount of Each Disk	oursement this Period				
Office Sought: House Disbursen	nent For:	туре	,	7				
	Primary General							
President	Other (specify) ▼							
State: District:								
				5000.00				
SUBTOTAL of Disbursements This Page (optional)		·····•		3000.00				
				15650.00				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	10	OF	10
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Cooperative of American Physicians IE Committee	C C00492116
Check if 24-hour report 48-hour report New report Amen	ds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Media Group	11 27 / Y Y Y Y
Mailing Address 1020 Princess St	Amount
City State Zip Code	61825.00
Alexandria VA 22314	Transaction ID: E-291 Date of Disbursement or Obligation
Purpose of Expenditure Special Category/ Type	004 11 / D D / Y Y Y Y Y
Name of Federal Candidate Sup	pport Office Sought: House District:
Dill Cooridy	pose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 71578.00	Disbursement For: Primary General 2014
	X Other (specify) ▶
Full Name of Payee Revolution Media Group	Date of Public Distribution/Dissemination
Mailing Address 1020 Princess St	11 27 2014 Amount
City State Zip Code	9753.00
Alexandria VA 22314	Transaction ID : E-292 Date of Disbursement or Obligation
Purpose of Expenditure Special Category/ Type	004
Name of Federal Candidate Superior Supe	pport Office Sought: House District:
Pill Cassidy	pose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 71578.00	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	71578.00
(b) SUBTOTAL of Unitemized Independent Expenditures	············· >
(c) TOTAL Independent Expenditures	71578.00
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Rebecca Olson [Electronically Filed]	Date 01 22 2015
Signature	