

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<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 IE Committee

A. Cooperative of American Physicians

Full Name (Last, First, Middle Initial)
Mailing Address 333 S Hope St 8th Floor

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
717235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2015
Transaction ID : 11AI-146

Amount of Each Receipt this Period
650.00

In-Kind: Administrative Services

B. Cooperative of American Physicians

Full Name (Last, First, Middle Initial)
Mailing Address 333 S Hope St 8th Floor

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
717235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : 11AI-144

Amount of Each Receipt this Period
716585.00

C.

Full Name (Last, First, Middle Initial)
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).....▶	717235.00
TOTAL This Period (last page this line number only).....▶	717235.00