

**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

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

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

05

01

2015

05

31

2015

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

06

16

2015

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 05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		3214.73
(b) Cash on Hand at Beginning of Reporting Period.....	1059738.00	
(c) Total Receipts (from Line 19) .....	19337.29	1359854.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1079075.29	1363069.26
7. Total Disbursements (from Line 31) .....	53288.93	337282.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1025786.36	1025786.36
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 Y  
05 01 2015

To:

M M / D D / Y Y Y Y Y  
05 31 2015
**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).....

19270.00

1309595.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

19270.00

1309595.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

50000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

19270.00

1359595.00

## 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.).....

67.29

259.53

## 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))..... ▶

19337.29

1359854.53

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

19337.29

1359854.53

# **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 .....	45788.93	324782.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	45788.93	324782.90
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 .....	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 .....	7500.00	12500.00
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)) ..	53288.93	337282.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53288.93	337282.90

# **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) .....	19270.00	1359595.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19270.00	1359595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	45788.93	324782.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	45788.93	324782.90

# **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: 2015

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

Aggregate Year-to-Date ▼

1309595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : 11AI-153**

Amount of Each Receipt this Period

650.00

In-Kind: Administrative Services

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: 2015

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

Aggregate Year-to-Date ▼

1309595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2015

**Transaction ID : 11AI-159**

Amount of Each Receipt this Period

18620.00

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)..... ►

19270.00

19270.00

# **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 7 OF 10

☐ 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

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 ▼

259.53

Date of Receipt

M = M / D = D / Y = Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : 17-157-O**

Amount of Each Receipt this Period

67.29

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)..... ►

67.29

67.29

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Cooperative of American Physicians IE Committee

#### A. Capitol Advocacy, LLC

Mailing Address 1301 I Street

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement	California Public Policy
<p>1. <b>Emergency Relief:</b> The primary purpose of the California Public Policy is to provide emergency relief to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This relief is provided through various programs, including the California Statewide Emergency Relief Fund, the California Statewide Emergency Relief Fund, and the California Statewide Emergency Relief Fund.</p> <p>2. <b>Disaster Relief:</b> The California Public Policy also provides disaster relief to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This relief is provided through various programs, including the California Statewide Disaster Relief Fund, the California Statewide Disaster Relief Fund, and the California Statewide Disaster Relief Fund.</p> <p>3. <b>Healthcare:</b> The California Public Policy also provides healthcare to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This healthcare is provided through various programs, including the California Statewide Healthcare Fund, the California Statewide Healthcare Fund, and the California Statewide Healthcare Fund.</p> <p>4. <b>Economic Development:</b> The California Public Policy also provides economic development to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This economic development is provided through various programs, including the California Statewide Economic Development Fund, the California Statewide Economic Development Fund, and the California Statewide Economic Development Fund.</p> <p>5. <b>Education:</b> The California Public Policy also provides education to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This education is provided through various programs, including the California Statewide Education Fund, the California Statewide Education Fund, and the California Statewide Education Fund.</p> <p>6. <b>Transportation:</b> The California Public Policy also provides transportation to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This transportation is provided through various programs, including the California Statewide Transportation Fund, the California Statewide Transportation Fund, and the California Statewide Transportation Fund.</p> <p>7. <b>Other:</b> The California Public Policy also provides other services to the state's most vulnerable populations, including the elderly, disabled, and low-income families. These services include housing, food, and clothing.</p>	<p>1. <b>Emergency Relief:</b> The primary purpose of the California Public Policy is to provide emergency relief to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This relief is provided through various programs, including the California Statewide Emergency Relief Fund, the California Statewide Emergency Relief Fund, and the California Statewide Emergency Relief Fund.</p> <p>2. <b>Disaster Relief:</b> The California Public Policy also provides disaster relief to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This relief is provided through various programs, including the California Statewide Disaster Relief Fund, the California Statewide Disaster Relief Fund, and the California Statewide Disaster Relief Fund.</p> <p>3. <b>Healthcare:</b> The California Public Policy also provides healthcare to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This healthcare is provided through various programs, including the California Statewide Healthcare Fund, the California Statewide Healthcare Fund, and the California Statewide Healthcare Fund.</p> <p>4. <b>Economic Development:</b> The California Public Policy also provides economic development to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This economic development is provided through various programs, including the California Statewide Economic Development Fund, the California Statewide Economic Development Fund, and the California Statewide Economic Development Fund.</p> <p>5. <b>Education:</b> The California Public Policy also provides education to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This education is provided through various programs, including the California Statewide Education Fund, the California Statewide Education Fund, and the California Statewide Education Fund.</p> <p>6. <b>Transportation:</b> The California Public Policy also provides transportation to the state's most vulnerable populations, including the elderly, disabled, and low-income families. This transportation is provided through various programs, including the California Statewide Transportation Fund, the California Statewide Transportation Fund, and the California Statewide Transportation Fund.</p> <p>7. <b>Other:</b> The California Public Policy also provides other services to the state's most vulnerable populations, including the elderly, disabled, and low-income families. These services include housing, food, and clothing.</p>

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

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

Date of Disbursement

Transaction ID : 21B-314

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

### B. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Fl

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement	CA Allied for Patient Protection Dues
-------------------------	---------------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

05 / 06 / 2015

Transaction ID : 21B-312

Amount of Each Disbursement this Period

12100.00

Full Name (Last, First, Middle Initial)

### C. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Fl

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement	Public Affairs Activities

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 21B-313

Amount of Each Disbursement this Period

6000.00

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

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

23100.00





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

PAGE 10 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

**A. Health Coalition on Liability and Access**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
05		07		2015

Mailing Address Post Office Box 78096

City	State	Zip Code
Washington	DC	20013

**Transaction ID : 29-315**Purpose of Disbursement  
Donation to Non Profit Organization

012

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

7500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

7500.00