

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00492116

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

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

Full Name (Last, First, Middle Initial) of Payee

HSG Campaigns LLC

Date

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

Mailing Address 1201 W 5th St

Ste M-140

Amount

9193.28

City

Los Angeles

State

CA

Zip Code

90017

Transaction ID : WFT20129231719-1

Purpose of Expenditure
MailerCategory/
Type

Office Sought:

☒ House

State: CA

☐ Senate

District: 16

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Costa Jim

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

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Costa Jim

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

18386.56

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

18386.56

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pessner Alan Kirk

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

Signature