PAGE 1 / 8

Image# 201507209000325647

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	or Other Than An	Authorized Comm	nittee		Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If over the line		12FE4M5	
Cooperative of America	n Physicians IE	Committee			
ADDRESS (number and street)	333 S Hope St 8th Flo	por			
Check if different than previously reported. (ACC)	Los Angeles			CA	90071
2. FEC IDENTIFICATION NUM	MBER ▼	CITY A		STATE 🛦	ZIP CODE ▲
C C00492116		3. IS THIS REPORT	NEW (N) OR	AME (A)	ENDED
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)	(c) 12-Day PRE-Electic Report for t (d) 30-Day POST-Electic Report for t	Election on General	(12P) on (12C)	Sep 2	in the State of
5. Covering Period 06	01 2	2015 through		30 /	2015
I certify that I have examined this Type or Print Name of Treasurer	Report and to the be	est of my knowledge a	nd belief it is tru	ue, correct and	complete.
	a Olson	-		Date 07	/ 20 / 2015
Office	, or incomplete illion	mation may subject the	person signing the	no rieport to the	FEC FORM 3X
Use Only					Rev. 12/2004

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	/rite or Type Committee Name		
(Cooperative of American Physician	ns IE Committee	
R		06 01 2015 To:	M M / D D / 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, 2015	[3214.73
	(b) Cash on Hand at Beginning of Reporting Period	1025786.36	
	(c) Total Receipts (from Line 19)	722.61	1360577.14
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1026508.97	1363791.87
7.	Total Disbursements (from Line 31)	10997.56	348280.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1015511.41	1015511.41
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 multication	andidate 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)

Write or Type Committee Name

Cooperative of American Physicians IE Committee

	I. Receipts	COLUMN A	COLUMN B
	i. neceipis	Total This Period	Calendar Year-to-Date
. Co	ntributions (other than loans) From:		
(a)			
	Than Political Committees	650.00	1310245.00
	(i) Itemized (use Schedule A)	650.00	1310243.00
	<i>**</i> **********************************		0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add	650.00	1310245.00
	Lines 11(a)(i) and (ii)▶	650.00	1310245.00
(h)	Dolitical Davity Committees	0.00	0.00
(b)		0.00	3 3
(c)	Other Political Committees (such as PACs)	0.00	50000.00
(d)			150000
(u)	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	650.00	1360245.00
Tr	ansfers From Affiliated/Other		
	rty Committees	0.00	0.00
1 6	rty Committees	0.00	7 7
ΔII	Loans Received	0.00	0.00
, , , , ,	Edulid Tiddelived		
	Personal Personal	0.00	0.00
	an Repayments Received	0.00	0.00
	sets To Operating Expenditures		
	efunds, Rebates, etc.)	0.00	0.00
	arry Totals to Line 37, page 5)	0.00	0.00
	funds of Contributions Made		
	Federal Candidates and Other	0.00	0.00
		0.00	0.00
	ner Federal Receipts	70.04	222.14
	vidends, Interest, etc.)	72.61	332.14
	Non-Federal Account		
(a)	(from Schedule H3)	0.00	0.00
	(IIOIII Scriedule 115)	0.00	0.00
		0.00	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
	Total Total (1974)	2.22	
/ \	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
1. C	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaar Tour to Duto
	(i) Federal Share	0.00	0.00
	· · · · · · · · · · · · · · · · · · ·	0.00	0.00
(k	(ii) Non-Federal Share b) Other Federal Operating	0.00	0.00
(1	Expenditures	10997.56	335780.46
(0		7	
	(add 21(a)(i), (a)(ii), and (b))▶	10997.56	335780.46
2. T	ransfers to Affiliated/Other Party		
	ommitteesontributions to	0.00	0.00
F a	ederal Candidates/Committees nd Other Political Committees	0.00	0.00
	ndependent Expenditures	0.00	0.00
. C	use Schedule E)oordinated Party Expenditures	7 7 7	7 7
(2 (t	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
,	,		
. L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
	defunds of Contributions To: a) Individuals/Persons Other		
`	Than Political Committees	0.00	0.00
/1	Notice Destruction	0.00	0.00
(t (c	· ·	0.00	0.00
((such as PACs)	0.00	0.00
	1) Tatal Cantribution Defined		
(0	,	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	7	7 7
. C	Other Disbursements	0.00	12500.00
	ı		
	ederal Election Activity (2 U.S.C. §431(20))		
(8	a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	7	
	(ii) "Levin" Share	0.00	0.00
(k	. 11		7 7 7
,	With Federal Funds	0.00	0.00
(0	,		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
. Т	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	10997.56	348280.46
. т	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	10997.56	348280.46

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)	650.00	1360245.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	650.00	1360245.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10997.56	335780.46
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	10997.56	335780.46

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

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

I	FOR LINE NUMBER:					PAGE	6	OF	8
ı	(che	ck only	or	ne)					
l	X	11a		11b		11c	12		
ı		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 Physics	icians IE Committee	
Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor		Date of Receipt
City Los Angeles	State Zip Code CA 90071	06 14 2015 Transaction ID : 11AI-162
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 650.00 In-Kind: Administrative Services
Name of Employer Receipt For: 2015 Primary General Other (specify) ▼ Calendar Year	Occupation Aggregate Year-to-Date ▼ 1310245.00	STATE OF THE STATE
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 Receipt For:	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.	C Zip Code	Amount of Each Receipt this Period
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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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) Wells Fargo Bank Mailing Address 333 S Grand Ave City State Zip Code Los Angeles CA 90071 Amount of Each Receipt this Period	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 8 (check only one)
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 FEC ID number of contributing federal political committee. Name of Employer Calendar year Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code CA 90071 Aggregate Year-to-Date Calendar year Full Name (Last, First, Middle Initial) Aggregate Year-to-Date Calendar year Full Name of Employer Occupation FEC ID number of contributing federal political committee. Name of Employer Occupation FEC ID number of contributing federal political committee. Name of Employer Occupation FEC ID number of contributing federal political committee. Name of Employer Occupation FEC ID number of contributing federal political committee. Name of Employer Occupation FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt			ay not be sold or used by any p	erson for the purpose of soliciting contributions
A. Wells Fargo Bank Mailing Address 333 S Grand Ave City Los Angeles State CA 90071 FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name of Employer City State Zip Code Amount of Each Receipt Aggregate Year-to-Date ▼ Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Fec in Firmary Cher (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address	, ,	cians IE (Committee	
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period Date of Receipt this Period	Mailing Address 333 S Grand Ave City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2015 Primary General Other (specify) ▼	CA	90071 Year-to-Date ▼	06 30 2015 Transaction ID: 17-160-O Amount of Each Receipt this Period 72.61
Mailing Address Date of Receipt	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	C		M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Name of Employer C Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period	Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	Occupation		M = M / D = D / Y = Y = Y

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

72.61

SCHEDULE B (FEC Form 3X)		FOR LINE	NOMBETT.)F 8		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)			
	Detailed Summary Page	X 21b 27	22 23 24 25 28a 28b 28c 29	26 30b		
Any information copied from such Reports and Statem	ents may not be sold or us					
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Cooperative of American Physician	s IE Committee					
Full Name (Last, First, Middle Initial)						
A. Capitol Advocacy, LLC			Date of Disbursement			
Mailing Address 1301 I Street			06 01 / 2015	Y		
City S	tate Zip Code					
Sacramento	CA 95814		Transaction ID: 21B-319			
Purpose of Disbursement California Public Policy		001	Amount of Each Disbursement this P	Period		
Candidate Name		Category/	5347.	56		
Office Sought: House Disbursem	ont For:	Туре	30.11	.00		
	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
B. Cooperative of American Physician	S		Date of Disbursement			
Mailing Address 333 S Hope St 8th Floor			06 14 2015	Y		
Mailing Address 333 3 Hope St oth Floor			00 14 2010			
,	tate Zip Code		Transaction ID : 21B-162-N			
Los Angeles Purpose of Disbursement	CA 90071					
In-Kind: Administrative Services			Amount of Each Disbursement this P	Period		
Candidate Name		Category/				
		Type	650	.00		
Office Sought: House Disbursem						
	Primary ☐ General Other (specify) ▼					
State: District:	Strict (opcony)					
Full Name (Last, First, Middle Initial)						
C. Holland & Knight LLP			Date of Disbursement			
M ''' A L L			M = M / D = D / Y = Y = Y	Υ		
Mailing Address Post Office Box 864084			06 15 2015	_		
City S	tate Zip Code		Transaction ID 04D 000			
Orlando	FL 32886		Transaction ID : 21B-320			
Purpose of Disbursement Consultant: Federal Public Policy		004				
Candidate Name		001	Amount of Each Disbursement this P	Period		
Canadate Hamo		Category/ Type	5000.	.00		
Office Sought: House Disbursem	ent For:	71 -				
	Primary General					
	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			10997.	56		
SOBTOTAL OF DISDUISEMENTS THIS Page (optional)		<u> </u>				
TOTAL This Period (last page this line number only).			10997.	56		