

24/48 HOUR REPORT 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 of Payee Chris Jones Consulting		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2016	
Mailing Address 3245 Granite Creek Pl		Amount 24285.24	
City Newcastle	State CA	Zip Code 95658	Transaction ID : E-414
Purpose of Expenditure Mailer	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016	
Name of Federal Candidate Denham, Jeff, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 10 State: CA	
Calendar Year-To-Date Per Election for Office Sought 24285.24		Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y / /	
Mailing Address		Amount 	
City	State	Zip Code	
Purpose of Expenditure	Category/Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y / /	
Name of Federal Candidate		☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24285.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	24285.24

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.

Olson, Rebecca, J, ,

[Electronically Filed]

Date

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Signature