

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE		FEC IDENTIFICATION NUMBER C C00492116
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 10 / 23 / 2012

Full Name (Last, First, Middle Initial) of Payee Government Graphics		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 1101 30th Street NW Ste 500		Amount 48994.00
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Mailing	Category/Type	Transaction ID : WFT2012923924-1
Name of Federal Candidate Supported or Opposed by Expenditure: Strickland Tony		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 97988.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Government Graphics		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1101 30th Street NW Ste 500		Amount 48994.00
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Mailing	Category/Type	Transaction ID : WFT2012923926-1
Name of Federal Candidate Supported or Opposed by Expenditure: Strickland Tony		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 97988.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	97988.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

MM / DD / YYYY
01 / 02 / 2013

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00492116
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee HSG Campaigns LLC		Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2012
Mailing Address 1201 W 5th St Ste M-140		Amount 9193.28
City Los Angeles	State CA Zip Code 90017	
Purpose of Expenditure Mailer	Category/Type	Transaction ID : WFT2012923927-1
Name of Federal Candidate Supported or Opposed by Expenditure: Costa Jim		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
25608.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State Zip Code	Amount
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9193.28
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	107181.28

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

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 02 / 2013