				PAGE 1 / 10
FEC A	EPORT OF F ND DISBURS	SEMENTS		
			Office L	Ise Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Cooperative of American	Physicians IE Com			
ADDRESS (number and street)	333 S Hope St 8th Floor			
Check if different				
than previously reported. (ACC)	Los Angeles		CA 9007	1
2. FEC IDENTIFICATION NUM		A	STATE 🔺	ZIP CODE
C C00492116	3. IS RE	THIS NEW PORT × (N) OF	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) 	Report Due On:	 Primary (12P) Convention (12C) on General (30G) M M / D D 	6) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
M		M	M / D D / Y Y	Y Y
,	01 2014	through 09	3020	14
I certify that I have examined this	01 2014	through 09	3020	14
I certify that I have examined this	01 2014 Report and to the best of m Rebecca Olson	through 09	3020	914 ete.
I certify that I have examined this Type or Print Name of Treasurer	01 2014 Report and to the best of m Rebecca Olson Olson	through 09 by knowledge and belief it is [Electronically Filed]	30 20 true, correct and complet Date 10	bit4 bite. B / Y Y Y Y 2014

10/18/2014 18 : 34

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Vrite or Type Committee Name		
(Cooperative of American Physiciar	ns IE Committee	
R		99 01 / Y Y Y Y Y 2014 To:	09 / D D / Y Y Y Y 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		392200.56
	(b) Cash on Hand at Beginning of Reporting Period	1032013.25	
	(c) Total Receipts (from Line 19)	19912.48	1131046.69
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1051925.73	1523247.25
7.	Total Disbursements (from Line 31)	46567.06	517888.58
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1005358.67	1005358.67
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 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	
14	FEC Form 3X (Rev. 06/2004)		Page 3
	/rite or Type Committee Name		
	Cooperative of American Physician		
R	eport Covering the Period: From:	09 / D D / Y Y Y Y 09 01 2014 To:	M M / D D / Y
	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)	19820.00	1130305.00
	(ii) Unitemized (iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)	19820.00	1130305.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19820.00	1130305.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	92.48	741.69
18.	(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))▶	19912.48	1131046.69
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	19912.48	1131046.69

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. 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	46567.06	487388.58
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	46567.06	487388.58
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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	0.00	0.00
(add Lines 28(a), (b), and (c))►		
Other Disbursements	0.00	30500.00
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
Total Disbursements (add Lines 21(c), 22,	10507.00	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	46567.06	517888.58
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	46567.06	517888.58

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	19820.00	1130305.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19820.00	1130305.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	46567.06	487388.58
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	46567.06	487388.58

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

10

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cooperative of American Phy	vsicians IE C	ommittee	
Full Name (Last, First, Middle Initial) A. Cooperative of American Physicial Mailing Address 333 S Hope St 8th Floor City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Yerimary General Other (specify) ♥ Calendar Year	State CA C	Zip Code 90071 //ear-to-Date ▼ 1130305.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Cooperative of American Physici Mailing Address 333 S Hope St 8th Floor City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify) ▼ Calendar Year	State CA C	Zip Code 90071 /ear-to-Date ▼ 1130305.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate Y	Zip Code //ear-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	·		10820.00

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

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10

	-		Detailed Summary Page	-	11a 13	_	11b		11c 15	12	X 17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson	for the	pur ntrib	pose (of so	liciting	contrib	utions	
	NAME OF COMMITTEE (In Full) Cooperative of American Physic											
<u>к</u>	Full Name (Last, First, Middle Initial) Wells Fargo Bank				Date o	f Re	eceipt					
	Mailing Address 333 S Grand Ave				м м 09		3		/ Y	2014	Y	
	City Los Angeles	State CA	Zip Code 90071		Trans		ion ID): 17			d	
	FEC ID number of contributing federal political committee.	С			nterest		3		7		02.48	
	Name of Employer	Occupation				Lun						
	Receipt For: 2014 Primary General Other (specify) ▼ Calendar year	Aggregate	Year-to-Date ▼ 741.69									
В.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt					
	Mailing Address				M		D	D	/ Y	Y Y	Y	
	City	State	Zip Code	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7		7			
	Name of Employer	Occupation										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼									
<u> </u>	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt					
	Mailing Address				M M		D	D	/ Y	Y Y	Y	
	City	State	Zip Code		Amoun	t of	Each	Rece	eipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С					,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Name of Employer	Occupation										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼									
s	UBTOTAL of Receipts This Page (optional)									9	2.48	
	OTAL This Period (last page this line number of			-	Ē.		,		7	9	2.48	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-		NUMBER:				PAGE	8	OF	10
TEMIZED DISBURSEMENTS	for each category of the	(check	c only 21b	one)	23	Г		24	25		1 26
	Detailed Summary Page		210	22 28a	28	L		24 28c	29	-	30b
Any information copied from such Reports and State or for commercial purposes, other than using the na											5
NAME OF COMMITTEE (In Full)											
Cooperative of American Physicia	ns IE Committee										
Full Name (Last, First, Middle Initial)				Date of	Diebu	roon	nont				
A. Cooperative of American Physicia	ns								YY	Y	
Mailing Address 333 S Hope St 8th Floor				09	1.	30			2014	_	
City	State Zip Code			Trans	action	חו .	21F	3-130-N			
Los Angeles	CA 90071			mana	action	. טו	211	/-150-14			
Purpose of Disbursement In-Kind: Administrative Services				Amount	of Ea	ch E	Disbu	ursemer	nt this	Perio	bd
Candidate Name		Categor	y/						25	0.00	
Office Sought: House Disburse	ement For:	Туре			- 7			7			
Senate	Primary General										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)											
3. Southwest Airlines		Date of									
Mailing Address 2702 Love Field Dr			09	/ 1	30			2014	Y		
City Dallas	State Zip Code TX 75235			Trans	action	ID :	216	3-273-S			
Purpose of Disbursement											
Federal Public Policy Consultant Travel Expenses		002		Amount	of Ea	ch D	Disbu	ursemer	nt this	Perio	bd
Candidate Name		Categor Type	y/						50	8.00	
Office Sought: House Disburse	ement For:	.)po		[MEMC							
Senate	Primary General			-			raig	Brown	Goveri	nmer	ntal Re
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)											
Craig Brown Governmental Relati	ons			Date of	Disbu	rsen	nent				
Mailing Address 1121 L Street, #103			м м 09	/ [09			2014	Y		
City	State Zip Code										
Sacramento	CA 95814			Trans	action	ID :	216	3-272			
Purpose of Disbursement Consultant: Federal Public Policy											
Candidate Name		001	Amount of Each Disbursement this Per						Perio	bd	
		Categor Type	y/	5633.78							
	ement For:										
Senate	Primary General										
President District:	Other (specify)										
State: District:						_	_				
SUBTOTAL of Disbursements This Page (optional).			•						5883	3.78	
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TOTAL This Period (last page this line number only	/)				- 7			7			

								E NUMBER: PAGE 9 OF 10 nly one)										
11	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27		22 28a		23 28b		24 28c		25 29	26 30b			
	ny information copied from such Reports and Stater for commercial purposes, other than using the nar																	
\backslash	NAME OF COMMITTEE (In Full)																	
	Cooperative of American Physician	ns IE Co	mmittee															
Α.	Full Name (Last, First, Middle Initial) Holland & Knight LLP						Date of Disbursement											
	Mailing Address Post Office Box 864084			09 09 2014										Y				
	City Orlando	State FL	Zip Code 32886				Amount of Each Disbursement this Period											
	Purpose of Disbursement Consultant: Federal Public Policy			C	01													
	Candidate Name			Cate	egoi ype		[1				i.	5000	0.00			
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>					,		,						
	State: District:																	
в.	Full Name (Last, First, Middle Initial) Holland & Knight LLP						C		_	sburse		ent						
	Mailing Address Post Office Box 864084							м м 09	/		D 16	/ Y		014	Y			
	Orlando	State FL	Zip Code 32886					Trans	sact	ion ID):	21B-269	9					
	Purpose of Disbursement Consultant: Federal Public Policy			(001		A	moun	t of	Each	D	isburser	nen	t this	Period			
	Candidate Name			Cate T	egoi ype					,		,		628	3.28			
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼															
	State: District:																	
C.	Full Name (Last, First, Middle Initial) P.M. Restaurants/Consulting, Inc.						C		_	sburse		_						
	Mailing Address PO Box 518							м м 09	/		26	/ Y		014	Y			
	City Brea	State CA	Zip Code 92822					Trans	sact	ion ID):	21B-274	1					
	Purpose of Disbursement Political Consulting			C	01		•		+ ~ f	Fach				t thia	Doriod			
	Candidate Name		Cate			Amount of Each Disbursement this Period 19400.00												
	Senate President	ment For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>					7		7						
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SCHEDULE B (FEC Form 3X)	FOR LINE	E NUMBER:	PA	GE 10	OF 10											
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check on X 21b		3 24	25	26										
	Detailed Summary Page	27		8b 28c	29	30b										
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NAME OF COMMITTEE (In Full)																
Cooperative of American Physicia	ns le Committee															
Full Name (Last, First, Middle Initial)			Data of Diah													
A. The Garry South Group			Date of Disbursement													
Mailing Address 1223 Wilshire Blvd #1620			09 16 2014													
City Santa Monica	State Zip Code CA 90403		Transaction ID : 21B-270													
Purpose of Disbursement	90403		_													
Consultant: Federal Public Policy		001	Amount of Ea	ach Disburse	ment this	Period										
Candidate Name		Category/ Type			10000	0.00										
	ment For:	71		,												
Senate President	Primary General Other (specify) ▼															
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Full Name (Last, First, Middle Initial)																
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Candidate Name		Category/		r onioù												
		Туре		7												
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) v															
State: District:																
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Purpose of Disbursement			Amount of Ea	ach Dichuraci	mont this	Doriod										
Candidate Name		Category/ Type		acti Disbuisei		Fellou										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			,												
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TOTAL This Period (last page this line number only)	••••••			46567	7.06										