

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	

Full Name of Payee PJM Creative			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2016		
Mailing Address 1600 Countrywood Ct			Amount 25000.00		
City Walnut Creek	State CA	Zip Code 94598	Transaction ID : E-372		
Purpose of Expenditure Mailer		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2016		
Name of Federal Candidate Isadore Hall			☒ Support Office Sought: ☒ House District: 44 ☐ Oppose ☐ President ☐ Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 50000.00			Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶		

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	25000.00

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.

Rebecca J Olson

[Electronically Filed]

Date

MM / DD / YYYY
05 / 23 / 2016

Signature