Image# 14970672950 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Aut	norized Committee	•	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	1. type 12FE	4M5
Cooperative of America	n Physicians IE Cor	mmittee		
ADDRESS (number and street)	333 S Hope St 8th Floor			
Check if different				
than previously reported. (ACC)	Los Angeles		CA	90071
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y ▲	STATE A	ZIP CODE ▲
C C00492116		S THIS X NE	or	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		ay 20 (M5) ×	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	L Ann	20 (M4) Ju	1 20 (MZ)	Year Only)
April 15 Quarterly Report (Q		20 (1014)	I 20 (M7)	
July 15 Quarterly Report (Q2	PRE-Election	Primary (12P)	H	neral (12G) Runoff (12R)
October 15 Quarterly Report (Q3	Report for the:	Convention (1	2C) Spe	ecial (12S)
January 31 Year-End Report (YE	E) Election	on on	D D / Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Rur	noff (30R) Special (30S)
Termination Report (TER)	Election	on on	D D / Y Y Y	in the State of
5. Covering Period 07	01 2014	through	07 __ 31 __	2014
I certify that I have examined this	s Report and to the best of	my knowledge and be	elief it is true, correc	ct and complete.
Type or Print Name of Treasurer	Rebecca Olson			
Signature of Treasurer Rebecc	ca Olson	[Electronically 1	Filed] Date	08 / D D / Y Y Y Y Y Y 2014
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the perso	on signing this Repor	t to the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

 	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Wr	ite or Type Committee Name		
С	cooperative of American Physician	ns IE Committee	
Re	eport Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 07 31 / 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	1065852.55	
	(c) Total Receipts (from Line 19)	21526.55	1110800.06
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1087379.10	1503000.62
7.	Total Disbursements (from Line 31)	40450.00	456071.52
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1046929.10	1046929.10
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	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

ibutions (other than loans) From: ndividuals/Persons Other Than Political Committees ii) Itemized (use Schedule A)	21435.00	1110235.00
ndividuals/Persons Other Than Political Committees ii) Itemized (use Schedule A)	7 7 7	1110235.00
i) Itemized (use Schedule A)	7 7 7	1110235.00
ii) Unitemized	7 7 7	1110235.00
	-	
bhs) IΔΤΟΤ (iii	0.00	0.00
iii) TOTAL (auu		
Lines 11(a)(i) and (ii)▶	21435.00	1110235.00
		0.00
	0.00	0.00
Other Political Committees	0.00	0.00
	0.00	0.00
	21/25 00	1110235.00
	21433.00	1110200.00
	0.00	0.00
Committees	0.00	0.00
and Descrived	0.00	0.00
alls Received		5.55
	0.00	0.00
	0.00	0.00
·	0.00	0.00
	0.00	0.00
-	0.00	0.00
	0.00	0.00
	01.55	565.06
	91.00	303.00
	0.00	0.00
Tom Ganagaio Floy		0.00
usin Francis (france Cale adula 115)	0.00	0.00
evin Funds (from Schedule H5)	5.00	0.00
tal Transfore (add 18(a) and 18(b))	0.00	0.00
nai Transiers (add To(a) and To(b))	0.00	0.00
	Political Party Committees Other Political Committees Such as PACs)	Other Political Committees Such as PACs)

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. Operating Expenditures: —	10441 11113 1 61104	Calcilual Teal-10-Date			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
The state of the s					
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	34950.00	425571.52			
Expenditures(c) Total Operating Expenditures	34930.00	425571.52			
(add 21(a)(i), (a)(ii), and (b))▶	34950.00	425571.52			
2. Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	0.00	0.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use scriedule r)	7 7	0.00			
5. Loan Repayments Made	0.00	0.00			
2. Zour riopaymonie mado					
7. Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	0.00			
Ī					
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Other Disbursements	5500.00	30500.00			
. Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share	0.00	5.55			
(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,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	40450.00	456071.52			
Total Fodoral Dishurasmants					
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	40450.00	456071.52			
110111 EII10 01/	10.00	.55571.02			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	21435.00	1110235.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21435.00	1110235.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	34950.00	425571.52		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	34950.00	425571.52		

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

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

l					MBER	:	PAGE	=	6	OF	10
l	(ch	ne	ck only	or	ne)						
l	>	X	11a		11b		11c		12	2	
l			13		14		15		16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) Cooperative of American Phys	icians IE Committee	
Full Name (Last, First, Middle Initial) A. Cooperative of American Physicians		Date of Receipt
Mailing Address 333 S Hope St 8th Floor		07 10 Y Y Y Y Y Y
City	State Zip Code CA 90071	Transaction ID: 11AI-125
Los Angeles		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	In-Kind: Administrative Services
Receipt For: 2014 Primary General Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 1110235.00	
Full Name (Last, First, Middle Initial) Cooperative of American Physician	ns	Date of Receipt
Mailing Address 333 S Hope St 8th Floor	07 31 2014	
City	State Zip Code	Transaction ID : 11AI-123
Los Angeles	CA 90071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21185.00
Name of Employer	Occupation	
Receipt For: 2014 Primary General Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 1110235.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	•	21435.00
TOTAL This Period (last page this line number	r only)	21435.00

S 17

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 10
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Cooperative of American Physic	cians IE (Committee	
Α.	Full Name (Last, First, Middle Initial) Wells Fargo Bank			Date of Receipt
	Mailing Address 333 S Grand Ave			07 31 2014
	City Los Angeles	State CA	Zip Code 90071	Transaction ID : 17-123-0 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		91.55
	Name of Employer	Occupation	1	Interest Earned
	Receipt For: 2014 Primary General Other (specify) Calendar year	Aggregate	Year-to-Date ▼ 565.06	
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M 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		
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]
— с.	Full Name (Last, First, Middle Initial)			Data of Possint
C.	Mailing Address			Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Tallount of Edon Hoosipt tills 1 oned
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
S	UBTOTAL of Receipts This Page (optional)			91.55

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

91.55

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF 10							
IT	EMIZED DISBURSEMENTS		category of the	e(s) (check only one)				٦			
			Summary Page	X 21b 27	22	23 28h	24	25 29	26		
·		<u> </u>			28a	28b	28c		30b		
	ly information copied from such Reports and Statem for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full)										
$ \rangle$	Cooperative of American Physician	s IE Co	mmittee								
_	Full Name (Last, First, Middle Initial)										
Α.		S			M = M	Disbursem	/ Y	Y	Υ		
	Mailing Address 333 S Hope St 8th Floor				07	10	2	2014			
	,	State CA	Zip Code 90071		Trans	action ID :	21B-125-N				
	Los Angeles Purpose of Disbursement	<u></u>	90071								
	In-Kind: Administrative Services				Amount	of Each D	isbursemer	nt this I	Period		
	Candidate Name			Category/ Type				250	0.00		
	Office Sought: House Disbursen	nent For:		1,700		, , , , , , , , , , , , , , , , , , , ,					
	Senate	Primary	General								
		Other (spe	cify) 🔻								
_	State: District:										
D	Full Name (Last, First, Middle Initial)				Data of	Diahuraam	ant.				
В.	Craig Brown Governmental Relation	ns				Disbursem					
	Mailing Address 1121 L Street, #103				07	02		2014	Y		
	,	State CA	Zip Code 95814		Trans	action ID :	21B-259				
	Purpose of Disbursement	<u> </u>	95614								
	Consultant: Federal Public Policy			001	Amount	of Each D	isbursemer	nt this I	Period		
	Candidate Name			Category/				5000	0.00		
	Office Squarkt: House Dishurses	ont For:		Туре		-		0000			
	Office Sought: House Disbursen Senate	Primary	General								
		Other (spe									
	State: District:	· ·	3, V								
	Full Name (Last, First, Middle Initial)										
C.	Holland & Knight LLP				Date of	Disbursem	nent				
	Molling Address Bast Office Base 204004				м м м	/ D D		2014	Υ		
	Mailing Address Post Office Box 864084				07	23		014			
	City	State	Zip Code		Trans	action ID :	24 B 265				
		FL	32886		irans	action iD :	Z1D-200				
	Purpose of Disbursement Consultant: Federal Public Policy			001							
	Candidate Name				Amount	of Each D	isbursemer	nt this I	Period		
	Canadate Name			Category/ Type				10000	0.00		
	Office Sought: House Disbursen	nent For:	l	- 71							
	Senate	Primary	General								
		Other (spe	cify) 🔻								
	State: District:										
								15250	00		
L	UBTOTAL of Disbursements This Page (optional)			·····•		-	7	13230	.00		
,	OTAL This Period (last page this line number only)										
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SC	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF 10								
ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(ched	eck only one)							
			Summary Page	<u>×</u>	21b 27	22 28a		23 28b	24 28c	25		26 30b
Δn	y information copied from such Reports and Statem	nente may i	not he sold or us	ed by an								
	for commercial purposes, other than using the nam											
\setminus	NAME OF COMMITTEE (In Full)											
$ \rangle$	Cooperative of American Physician	s IE Co	mmittee									
<u></u>	Full Name (Last, First, Middle Initial)											
Α.	P.M. Restaurants/Consulting, Inc.					Date of	f Disb	urser	ment			
	Mailing Address PO Box 518					07	/	03		2014	Y	
	City S	State	Zip Code									
		CA	92822			Trans	actio	n ID	21B-26	I		
	Purpose of Disbursement Political Consulting			001	\neg	Amoun	t of E	ach I	Disburser	ment thi	s Pei	riod
	Candidate Name			Catego	ry/		-			07	'00 0	0
	Office Country			Туре			7	_	7	97	00.00	o .
	Office Sought: House Disbursen Senate	nent For: Primary	General									
		Other (spe										
_	State: District:											
	Full Name (Last, First, Middle Initial)											
B.	The Garry South Group					Date of	f Disb					
	Mailing Address 1223 Wilshire Blvd #1620					M M M	/	14		2014		
												-
	•	State CA	Zip Code			Trans	actio	n ID	: 21B-26	3		
	Santa Monica Purpose of Disbursement	<u> </u>	90403									
	Consultant: Federal Public Policy			001		Amoun	t of E	ach I	Disburser	nent thi	s Pei	riod
	Candidate Name			Catego						100	0.00	0
	Office Sought: House Disbursen	nont For:		Туре	•		7	_	- 7	100	,55.0	~
		nent For: Primary	General									
		Other (spec										
	State: District:											
	Full Name (Last, First, Middle Initial)											
C.						Date of	I Disb					
	Mailing Address					M = M	/	D III	D / Y	- Y - Y	Y	
	City	State	Zip Code									
	Purpose of Disbursement				=							
						Amount of Each Disbursement this Pe						riod
	Candidate Name			Catego	ry/							
	Office Sought: House Disbursen	nent For:		Туре	*		7	-	7	-	-	
		Other (spec	cify) 🔻									
	State: District:						_	_			_	
							-		-	107	00.00	
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>	<u> </u>	- 1	_	- 1	197	50.00	,
T	OTAL This Period (last page this line number only).									349	50.00)
,	(Mot pago tino into number only)								- 7		-/10	

SCHEDULE B (FEC Form 3X)	Has assessed to the control of the c	, FOR LINE	FOR LINE NUMBER: PAGE 10 OF 10						
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orlin)							
	Detailed Summary Page		22 23 24 25 26 28a 28b 28c X 29 36						
Any information copied from such Reports and Sta or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)	and address of any polit	Johnmillee 10	2 25 Sommissions from Such Committee.						
Cooperative of American Physici	ans IE Committee								
Full Name (Last, First, Middle Initial)			But (CS)						
4. Health Coalition on Liability and	Access		Date of Disbursement						
Mailing Address Post Office Box 78096			07 03 2014						
City	State Zip Code		Transaction ID : 29-260						
Washington Purpose of Disbursement	DC 20013		1141134041011 ID . 23"200						
Purpose of Disbursement Donation to Nonprofit Organization		012	Amount of Each Disbursement this Period						
Candidate Name		Category/							
200		Type	5000.00						
	rsement For:								
Senate President	Primary General Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
B. KOPS-N-KIDS			Date of Disbursement						
			M = M / D = D / Y = Y = Y						
Mailing Address Post Office Box 1284			07 01 2014						
City Sacramento	State Zip Code CA 95814		Transaction ID: 29-258						
Sacramento Purpose of Disbursement	95814								
Charitable Donation		012	Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	500.00						
	sement For:								
Senate Procident	Primary General								
State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)			_						
C.			Date of Disbursement						
Mailing Address			M = M / D = D / Y = Y = Y						
	011								
City	State Zip Code								
Purpose of Disbursement									
Oandid-t- N		<u> </u>	Amount of Each Disbursement this Period						
Candidate Name		Category/							
Office Sought: House Disbur	sement For:	Туре							
Senate Disput	Primary General								
President	Other (specify)								
State: District:	·								
SUBTOTAL of Disbursements This Page (optional	ıl)		5500.00						
			5500.00						
TOTAL This Period (last page this line number of	nly)		3300.00						