

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 Independent Expenditure Committee		FEC IDENTIFICATION NUMBER ▼ C C00492116	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Government Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2024	
Mailing Address 1101 30th St NW Ste 500		Amount 24734.20	
City Washington	State DC	Zip Code 20007	Transaction ID : EDT.E.6
Purpose of Expenditure Mailer	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2024	
Name of Federal Candidate Rivas, Luz, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 29 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ 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 ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24734.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	24734.20

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, Meagan, , ,

Signature

Date

MM / DD / YYYY
02 / 26 / 2024