24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 M M / D D / Y Y Y Y

Full Name of Payee
Government Graphics

Mailing Address 1101 30th St NW Ste 500

City: Washington State: DC Zip Code: 20007

Purpose of Expenditure: Mailer

Category/Type: 24E

Date of Public Distribution/Dissemination: 02 / 22 / 2024

Amount: 25509.90

Transaction ID : EDT.E.5

Date of Disbursement or Obligation: 02 / 22 / 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 2024: 25509.90

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

Full Name of Payee

Mailing Address

City State Zip Code

Purpose of Expenditure

Category/Type

Date of Public Distribution/Dissemination: M M / D D / Y Y Y Y

Amount

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

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 ▶ 25509.90

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures ▶ 25509.90

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 02 / 23 / 2024