

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

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Opportunity PAC	FEC IDENTIFICATION NUMBER ▼ C C00550368
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Angie Printing, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 6341 NW 87 Avenue			Amount 5029.00	
City Miami	State FL	Zip Code 33178	Transaction ID : SE.4177	
Purpose of Expenditure printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DRC Consulting, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 5001 SW 74th Court Suite 209			Amount 27800.00	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4184	
Purpose of Expenditure direct voter contact		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32829.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

Nancy Watkins

[Electronically Filed]

Date

MM / DD / YYYY
03 / 10 / 2016

Signature

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(Schedule E)

 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Opportunity PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00550368 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Frontline Strategies, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address P. O. Box 1491			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 29500.00 </div>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4181 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure direct voter contact		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate Marco Rubio			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Groundswell Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 5246 SW 8th Street Suite 205-D			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 88934.25 </div>		
City Miami	State FL	Zip Code 33134	Transaction ID : SE.4167 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure direct voter contact		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate Marco Rubio			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 118434.25 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>

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.

Nancy Watkins

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Date

03

10

2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Meteoric Media Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016		
Mailing Address 317 East Park Avenue			Amount 12000.00		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : SE.4170		
Purpose of Expenditure media production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Multi Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016		
Mailing Address 915 King Street, 2nd FL			Amount 73000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4165		
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	85000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Quantum Results, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 7100 SW 77 Place		Amount 15000.00	
City Miami	State FL	Zip Code 33143	Transaction ID : SE.4190
Purpose of Expenditure voter contact-telephone calls		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> 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		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	251263.25

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.

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