## **FEC FORM 5**

Alma Hernandez

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) (a) Name of Individual, Organization or Corporation Opportunity PAC - A Coalition of teachers, health care givers, faculty members, school employees, and public and pr (b) Address (number and street) check if different than previously reported 555 Capitol Mall, Suite 1425 (c) City, State and ZIP Code 3. FEC Identification Number Sacramento . CA 95814 C90016841 Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report X 24-Hour Report July 15 Quarterly Report October 15 Quarterly Report 48-Hour Report January 31 Year-End Report X No Yes, it amends the report filed on b) Is this Report an amendment? 5. COVERING PERIOD: FROM **THROUGH** 7. TOTAL INDEPENDENT EXPENDITURES 13,948.54 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 any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM **SIGNATURE** DATE

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20483 Toll Free 800-424-9530, Local 202-694-1100

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

11/02/2016

SCHEDULE 5-E			PAGE 1	OF 1	
TEMIZED INDEPENDENT EXPENDITURES			FOR LINE 7	FOR LINE 7 OF FORM 5	
NAME OF FILER (In Full) Opportunity PAC - A Coalition of teachers, health care givers, faculty members, school employees, and public and private o					
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Full Name (Last, First, Middle Initial) of Payee strategy Group		Date	of Public Distribution/Dis	ssemination	
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Mailing Address		i i i i i i i i i i i i i i i i i i i			
730 North Franklin Street		Amou			
City State Zip Code		B B	4 # # 4 <del>1</del>	6,440.00	
Chicago , IL 60654		Branch.			
Purpose of Expenditure	Category/	Office Soug	` <b>├</b> ─-∤	State:ca	
Name of Federal Candidate Supported or Opposed by Expend	Process Proceedings and		Senate X President	Olstrict:	
	nture.	Check One:			
Hillary Clinton		Ondox Ond.	. Доброн	Oppose	
Calendar Year-To-Date Per Election	24,540,29	Disburseme	1	X General 16	
for Office Sought		. 📙 o	ther (specify)	*	
Full Name (Last, First, Middle Initial) of Payee		Date	of Public Distribution/Di	ssemination	
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730 North Franklin Street		Amou	unt .		
City State	Zip Code		and the second such such such such such such such such		
Chicago , IL 60654		L	hereby at the software the coffee	7,508.54	
Purpose of Expenditure	Category/	Office Soug	ght: House	State: CA	
Mailer	Type 24E		Senate	District;	
Name of Federal Candidate Supported or Opposed by Expenditure:			X President		
Hillary Clinton		Check One	: X Support	Oppose	
Celendar Year-To-Date Per Election	24 540 20	Disburseme	ent For: Primary	X General 16	
for Office Sought		Other (specify)			
Full Name (Last, First, Middle Initial) of Payee		Date	of Public Distribution/Di	ssemination	
		ľ	M / 6 6 /	A 14 14 44	
Mailing Address					
		Amou	unt		
City State	Zlp Code	The same	and the second		
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Purpose of Expenditure	Category/	Office Soug	· H	State:	
	Type		Senate	District:	
Name of Federal Candidate Supported or Opposed by Expenditure:		051-0	President		
	<del> </del>	Check One	: Support	Oppose	
Calendar Year-To-Date Per Election	American de la companya del companya del companya de la companya d	Disburseme	ent For: Primary	General	
for Office Sought		□ □	Other (specify)		
		-	- Amelian for the		
(a) SUBTOTAL of Itemized Independent Expenditures				13,948.54	
		£			
(b) SUBTOTAL of Uniterrized Independent Expenditures					
(a) TOTAL Independent Survey (III			or the state of th		
(c) TOTAL Independent Expenditures			and the first hands	13,948.54	
E3AND43.PDF			FEC Schedu	le 5-F	

## Via E-Mail

Federal Election Commi ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing t	NCOMING DOCUMENTS
	Date of Receipt
Hand Delivered	
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	xt Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify): VIA E-MAIL	Date of Receipt or Postmarked
PREPARER (3/2015)	113116 DATE PREPARED
V	