PAGE 1 / 1

(Revised 1/2001)

Image# 201812039133923252 NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL			
Opportunity First			
(b) Number and Street Address			
1150 N Loop 1604 W			2. FEC IDENTIFICATION NUMBER
Ste 108-230			C00652552
(c) City, State and ZIP Code			3. TYPE OF COMMITTEE (check one)
San Antonio	ТХ	78258	STATE PARTY

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on ______ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. STATUS BY QUALIFICATION:

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/D	istrict	Date
(i)	Allred, Colin, , ,	House	тх	32	12/31/2017
(ii)	Axne, Cindy, , ,	House	IA	03	06/30/2018
(iii)	Escobar, Veronica, , ,	House	тх	16	02/27/2018
(iv)	Hulings, Jay, , ,	House	тх	23	02/21/2018
(v)	Underwood, Lauren, A, ,	House	IL	14	06/30/2018

(b) **Contributors:** The committee received a contribution from its 51st contributor on: <u>01/17/2018</u>.

Local 202-694-1100

- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _______.

I certify that I have examined this Statement and to the I TYPE OR PRINT NAME OF TREASURER Nava, M, Alex, ,			best of my knowledge and belief it SIGNATURE OF TREASURER Nava, M, Alex, ,	is true, correct and complete. [Electronically Filed]					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.									
		For	further information contact: deral Election Commission, Washing I-free 800-424-9530		EC FORM 1M				