

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

 PAGE 1 OF 3
 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 Green Point Consulting			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2016		
Mailing Address 15715 South Dixie Highway Suite 301			Amount 14200.00		
City Palmetto Bay	State FL	Zip Code 33157	Transaction ID : SE.4150		
Purpose of Expenditure direct mail services		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 LP Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 18 / 2016		
Mailing Address 5246 S.W. 8th Street Suite 205-D			Amount 500.00		
City Miami	State FL	Zip Code 33134	Transaction ID : SE.4147		
Purpose of Expenditure voter data		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..... ▶	14700.00
(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
02 / 27 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
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 Realistic Ideas, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 18 / 2016	
Mailing Address 3695 S.W. 149 Avenue			Amount 1000.00	
City Miami	State FL	Zip Code 33185	Transaction ID : SE.4144	
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 Realistic Ideas, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 19 / 2016	
Mailing Address 3695 S.W. 149 Avenue			Amount 4000.00	
City Miami	State FL	Zip Code 33185	Transaction ID : SE.4145	
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) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(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 Realistic Ideas, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 20 / 2016		
Mailing Address 3695 S.W. 149 Avenue			Amount 4000.00		
City Miami	State FL	Zip Code 33185	Transaction ID : SE.4146		
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..... ▶	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	23700.00

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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