

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
FEDERAL ELECTION CENTER
2016 FEB 12 AM 7:40

1. (a) Name of Individual, Organization or Corporation Reclaim Chicago	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 850 West Jackson Blvd., #750	
(c) City, State and ZIP Code Chicago, IL 60607	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number C

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD:

FROM
THROUGH

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

760.26

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

Kenneth Zinn

[Signature]

1/28/16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Reclaim Chicago

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

/ /

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Reclaim Chicago

Full Name (Last, First, Middle Initial) of Payee The Peoples Lobby	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1423 W Greenleaf Ave., 2S	Amount 266.50
City State Zip Code Chicago, IL 60626	

Purpose of Expenditure Staff time	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) IL

Full Name (Last, First, Middle Initial) of Payee The Peoples Lobby	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 1423 W Greenleaf Ave., 2S	Amount 473.76
City State Zip Code Chicago, IL 60626	

Purpose of Expenditure Staff time	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 760.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) IL

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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.....	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	760.26

WINN-DIXIE STORES



The National Voice for Direct-Care RNs

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

CAPITAL DISTRICT 20001

28 JAN 2016 PM 7 L

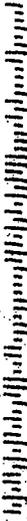


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FEC MAIL CENTER

2016 FEB 12 AM 7:40

Federal Election Commission
Mailroom
999 E St NW
Washington, DC 20463

20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt

Hand Delivered

Date of Receipt

USPS First Class Mail

Postmarked
 1/28/2016

2/12/2016

Postmarked (R/C)

USPS Registered/Certified

Postmarked

USPS Priority Mail

Postmarked

USPS Priority Mail Express

Postmark Illegible

No Postmark

Shipping Date

Overnight Delivery Service (Specify):

Next Business Day Delivery

Date of Receipt

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt or Postmarked

Other (Specify):

PREPARER
 (3/2015)

MP

2/12/2016
 DATE PREPARED

STANDARD FORM NO. 101