

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
NCLR Action PAC

ADDRESS (number and street) **1126 16th St. NW**
 Check if different than previously reported. (ACC) **Washington DC 20036**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00626390 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of **DC**

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Gonzalez, Lawrence, , ,
Type or Print Name of Treasurer _____

Signature of Treasurer Gonzalez, Lawrence, , , [Electronically Filed] Date **06** / **08** / **2017**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NCLR Action PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="183981.28"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="320346.01"/>	<input type="text" value="619287.02"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="504327.29"/>	<input type="text" value="619287.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="363176.00"/>	<input type="text" value="478135.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="141151.29"/>	<input type="text" value="141151.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="51044.41"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NCLR Action PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15000.00	55000.01
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15000.00	55000.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	305346.01	564287.01
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	320346.01	619287.02
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	320346.01	619287.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	320346.01	619287.02

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18749.01	42203.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18749.01	42203.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	344426.99	435931.74
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	363176.00	478135.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	363176.00	478135.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	320346.01	619287.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	320346.01	619287.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18749.01	42203.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18749.01	42203.99

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 COMMITTEE (In Full)
NCLR Action PAC

A. NCLR Action Fund
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1126 16th St NW
Ste 600
City Washington State DC Zip Code 20036-4845
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
55000.01

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2016
Transaction ID : VSHEADE6V78
Amount of Each Receipt this Period
15000.00
 Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	15000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NCLR Action PAC

A. FOR OUR FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 888 16th St NW
Ste 650

City Washington State DC Zip Code 20006-4112

FEC ID number of contributing federal political committee. **C** C00620971

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391252.00

Date of Receipt: 10 / 21 / 2016
Transaction ID : VSHEADC4TC6

Amount of Each Receipt this Period: 195626.00

Memo Item

B. FOR OUR FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 888 16th St NW
Ste 650

City Washington State DC Zip Code 20006-4112

FEC ID number of contributing federal political committee. **C** C00620971

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500972.01

Date of Receipt: 11 / 03 / 2016
Transaction ID : VSHEADEJBB1

Amount of Each Receipt this Period: 109720.01

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... 305346.01

TOTAL This Period (last page this line number only)..... 305346.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NCLR Action PAC

A. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSGF29VFC5

Amount of Each Disbursement this Period: 37.00

Memo Item

B. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 25 / 2016

FEC Identification Number: C

Transaction ID : VSGF29VFBR

Amount of Each Disbursement this Period: 418.71

Memo Item

C. Collazo, Rafael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6 Tigerlily Ln

City Sicklerville State NJ Zip Code 08081-9546

Purpose of Disbursement Reimbursement - Travel and Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TK12

Amount of Each Disbursement this Period: 190.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 646.11

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NCLR Action PAC

Full Name (Last, First, Middle Initial) A. Wynn Las Vegas		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 3131 Las Vegas Blvd S			
City Las Vegas	State NV	Zip Code 89109-1967	
Purpose of Disbursement Meals		Category/ Type	FEC Identification Number C [REDACTED]
Candidate Name			Transaction ID : VSGF29TM1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 29.20
State: District:			<input checked="" type="checkbox"/> Memo Item *

Full Name (Last, First, Middle Initial) B. Evans & Katz LLC		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016	
Mailing Address PO Box 75357			
City Washington	State DC	Zip Code 20013-0357	
Purpose of Disbursement Compliance Services		Category/ Type	FEC Identification Number C [REDACTED]
Candidate Name			Transaction ID : VSGF29TWW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 9021.16
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Green Dot Bank		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 3465 E Foothill Blvd			
City Pasadena	State CA	Zip Code 91107-6071	
Purpose of Disbursement Prepaid Debit Card		Category/ Type	FEC Identification Number C [REDACTED]
Candidate Name			Transaction ID : VSGF29TY0/
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 149.48
State: District:			<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	9170.64
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NCLR Action PAC

A. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6449

City Chicago State IL Zip Code 60680-6449

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TKA

Amount of Each Disbursement this Period: 417.70

Memo Item

B. Jacquez, Albert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2403 Lellah Ct

City Dunn Loring State VA Zip Code 22027-1200

Purpose of Disbursement Reimbursement - Travel and Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TK1C

Amount of Each Disbursement this Period: 289.73

Memo Item

C. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6449

City Chicago State IL Zip Code 60680-6449

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TKA

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 289.73

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NCLR Action PAC

A. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6449

City Chicago State IL Zip Code 60680-6449

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TKA\

Amount of Each Disbursement this Period: 25.00

Memo Item

B. Wynn Las Vegas

Full Name (Last, First, Middle Initial)

Mailing Address 3131 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109-1967

Purpose of Disbursement Meals and Hotel Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TKAT

Amount of Each Disbursement this Period: 151.33

Memo Item

C. Wynn Las Vegas

Full Name (Last, First, Middle Initial)

Mailing Address 3131 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109-1967

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TKA;

Amount of Each Disbursement this Period: 29.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NCLR Action PAC

A. Jacquez, Albert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2403 Lellah Ct

City Dunn Loring State VA Zip Code 22027-1200

Purpose of Disbursement Reimbursement - Travel and Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TMP7

Amount of Each Disbursement this Period: 891.23

Memo Item

B. Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TMPE

Amount of Each Disbursement this Period: 326.00

Memo Item

C. Sofitel

Full Name (Last, First, Middle Initial)

Mailing Address 120 S 17th St

City Philadelphia State PA Zip Code 19103-5115

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TMP

Amount of Each Disbursement this Period: 422.23

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 891.23

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NCLR Action PAC

Full Name (Last, First, Middle Initial)
A. One Vanilla Card

Mailing Address PO Box 826

City Fortson State GA Zip Code 31808-0826

Purpose of Disbursement Prepaid Debit Card

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TXZA

Amount of Each Disbursement this Period: 214.84

Memo Item

Full Name (Last, First, Middle Initial)
B. One Vanilla Card

Mailing Address PO Box 826

City Fortson State GA Zip Code 31808-0826

Purpose of Disbursement Prepaid Debit Card

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TY05I

Amount of Each Disbursement this Period: 383.67

Memo Item

Full Name (Last, First, Middle Initial)
C. Ortega, Daniel, , , Jr.

Mailing Address 361 E Coronado Rd Ste 101

City Phoenix State AZ Zip Code 85004-1525

Purpose of Disbursement Reimbursement - Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VSGF29TQC

Amount of Each Disbursement this Period: 94.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 692.51

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 COMMITTEE (In Full)
NCLR Action PAC

A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock PC

Full Name (Last, First, Middle Initial)

Mailing Address 1025 Vermont Ave NW
Ste 300

City Washington State DC Zip Code 20005-6302

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : VSGF29VFJ8

Amount of Each Disbursement this Period: 5736.48

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5736.48
TOTAL This Period (last page this line number only).....▶	18726.80

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NCLR Action PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carlier, Natalie, , ,			Nature of Debt (Purpose): Reimbursement - Canvassing Transportation
Mailing Address 790 NW 107th Ave			
City Miami	State FL	Zip Code 33172-3130	

Outstanding Balance Beginning This Period <input type="text" value="247.23"/>	Transaction ID : VSEGJ9H8DF4	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="247.23"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Collazo, Rafael, , ,			Nature of Debt (Purpose): Reimbursement - Travel and Meals
Mailing Address 6 Tigerlily Ln			
City Sicklerville	State NJ	Zip Code 08081-9546	

Outstanding Balance Beginning This Period <input type="text" value="190.40"/>	Transaction ID : VSEGJ9H8D13	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="190.40"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Enterprise			Nature of Debt (Purpose): Canvass Transportation
Mailing Address PO Box 402383			
City Atlanta	State GA	Zip Code 30384-2383	

Outstanding Balance Beginning This Period <input type="text" value="18999.17"/>	Transaction ID : VSEGJ9H91M4	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18999.17"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="18999.17"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VSEGJ9H91M4

Debt Amount Amended to Match Actuals

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NCLR Action PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jacquez, Albert, , ,			Nature of Debt (Purpose): Reimbursement - Travel and Meals
Mailing Address 2403 Lellah Ct			
City Dunn Loring	State VA	Zip Code 22027-1200	

Outstanding Balance Beginning This Period <input type="text" value="289.73"/>	Transaction ID : VSEGJ9H8CV6	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="289.73"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jacquez, Albert, , ,			Nature of Debt (Purpose): Reimbursement - Travel and Lodging
Mailing Address 2403 Lellah Ct			
City Dunn Loring	State VA	Zip Code 22027-1200	

Outstanding Balance Beginning This Period <input type="text" value="1000.10"/>	Transaction ID : VSEGJ9H8D05	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.10"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jacquez, Albert, , ,			Nature of Debt (Purpose): Reimbursement - Travel and Lodging
Mailing Address 2403 Lellah Ct			
City Dunn Loring	State VA	Zip Code 22027-1200	

Outstanding Balance Beginning This Period <input type="text" value="891.23"/>	Transaction ID : VSEGJ9H8DJ7	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="891.23"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NCLR Action PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nordlund, Jared, , ,			Nature of Debt (Purpose): Reimbursement for Prepaid Debit Card
Mailing Address 5449 S Semoran Blvd Ste 233			
City Orlando	State FL	Zip Code 32822-1779	

Outstanding Balance Beginning This Period	Transaction ID : VSEGJ9H8EG4	
26.95		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	26.95	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Professionals for Non-Profits			Nature of Debt (Purpose): Canvassing Services
Mailing Address 515 Madison Ave			
City New York	State NY	Zip Code 10022-5400	

Outstanding Balance Beginning This Period	Transaction ID : VSEGJ9H91N2	
253433.66		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	221388.42	32045.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	32045.24
2) TOTALS This Period (last page this line number only)..... ▶	51044.41
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	51044.41

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NCLR Action PAC
FEC IDENTIFICATION NUMBER
C C00626390

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Carlier, Natalie, ,
Mailing Address: 790 NW 107th Ave
City: Miami, State: FL, Zip Code: 33172-3130
Purpose of Expenditure: Reimb: Canvassing Transportation ultimate payees AFP Group, Finishline Petroleum and Chevron
Category/Type: 002
Name of Federal Candidate: TRUMP, DONALD J., , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
Disbursement For: [] Primary, [x] General 2016
Amount: 66.05
Transaction ID: VSGF29TFM79
Date of Disbursement or Obligation: 10/13/2016

Full Name of Payee: Carlier, Natalie, ,
Mailing Address: 790 NW 107th Ave
City: Miami, State: FL, Zip Code: 33172-3130
Purpose of Expenditure: Reimb: Canvassing Transportation ultimate payee Shell and AFP Group
Category/Type: 002
Name of Federal Candidate: TRUMP, DONALD J., , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
Disbursement For: [] Primary, [x] General 2016
Amount: 108.58
Transaction ID: VSGF29TFMA3
Date of Disbursement or Obligation: 10/20/2016

(a) SUBTOTAL of Itemized Independent Expenditures 174.63
(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.

Gonzalez, Lawrence, ,

[Electronically Filed]

Date 06/08/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NCLR Action PAC
FEC IDENTIFICATION NUMBER
C C00626390

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Carlier, Natalie, ,
Mailing Address: 790 NW 107th Ave
City: Miami, State: FL, Zip Code: 33172-3130
Purpose of Expenditure: Reimb: Canvassing Transportation ultimate payee AFP Group and Finishline Petroleum
Category/Type: 002
Name of Federal Candidate: TRUMP, DONALD J., , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
Date of Public Distribution/Dissemination: 10/18/2016
Amount: 72.60
Transaction ID: VSGF29TFMB1
Date of Disbursement or Obligation: 10/20/2016
Calendar Year-To-Date Per Election for Office Sought: 486949.20
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

Full Name of Payee: Carlier, Natalie, ,
Mailing Address: 790 NW 107th Ave
City: Miami, State: FL, Zip Code: 33172-3130
Purpose of Expenditure: Reimb: Canvassing Transportation ultimate payee Shell
Category/Type: 002
Name of Federal Candidate: Clinton, Hillary, , Support: [x], Oppose: []
Office Sought: [x] President, [] House, [] Senate
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 14.00
Transaction ID: VSGF29TVXM5
Date of Disbursement or Obligation: 11/04/2016
Calendar Year-To-Date Per Election for Office Sought: 486949.20
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.60
(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.

Gonzalez, Lawrence, ,

[Electronically Filed]

Date

06 / 08 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NCLR Action PAC
FEC IDENTIFICATION NUMBER
C C00626390

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Green Dot Bank
Mailing Address: 3465 E Foothill Blvd
City: Pasadena, State: CA, Zip Code: 91107-6071
Purpose of Expenditure: Prepaid Debit Card
Category/Type: 006
Date of Public Distribution/Dissemination: 10/26/2016
Amount: 1007.80
Transaction ID: VSGF29TNJ06
Date of Disbursement or Obligation: 10/26/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support [checked] Oppose []
Office Sought: [checked] President [] House [] Senate []
Disbursement For: [] Primary [checked] General 2016 [] Other (specify)

Full Name of Payee: Mack-Sumner Communications, LLC
Mailing Address: 2001 N Beaugard St Ste 420
City: Alexandria, State: VA, Zip Code: 22311-1750
Purpose of Expenditure: Printing - Canvass Literature
Category/Type: 006
Date of Public Distribution/Dissemination: 10/26/2016
Amount: 37874.00
Transaction ID: VSGF29TQE53
Date of Disbursement or Obligation: 10/26/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support [checked] Oppose []
Office Sought: [checked] President [] House [] Senate []
Disbursement For: [] Primary [checked] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38881.80
(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.

Gonzalez, Lawrence, ,

[Electronically Filed]

Date 06/08/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NCLR Action PAC
FEC IDENTIFICATION NUMBER
C C00626390

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Shipping - Canvass Literature
Category/Type 006
Date of Public Distribution/Dissemination 10/26/2016
Amount 1000.00
Transaction ID : VSGF29TQE79
Date of Disbursement or Obligation 10/26/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Printing - Canvass Literature
Category/Type 007
Date of Public Distribution/Dissemination 11/05/2016
Amount 8827.00
Transaction ID : VSGF29TW7W0
Date of Disbursement or Obligation 11/05/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9827.00
(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.

Gonzalez, Lawrence, , [Electronically Filed] Date 06/08/2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NCLR Action PAC
FEC IDENTIFICATION NUMBER
C C00626390

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Shipping - Canvass Literature
Category/Type 007
Date of Public Distribution/Dissemination 11/05/2016
Amount 1934.01
Transaction ID : VSGF29TW7X8
Date of Disbursement or Obligation 11/05/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Nordlund, Jared, ,
Mailing Address 5449 S Semoran Blvd Ste 233
City Orlando State FL Zip Code 32822-1779
Purpose of Expenditure Prepaid Debit Card
Category/Type 006
Date of Public Distribution/Dissemination 10/05/2016
Amount 26.95
Transaction ID : VSGF29TNJ22
Date of Disbursement or Obligation 10/20/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1960.96
(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.

Gonzalez, Lawrence, , [Electronically Filed] Date 06/08/2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NCLR Action PAC
FEC IDENTIFICATION NUMBER
C C00626390

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Nordlund, Jared, ,
Mailing Address: 5449 S Semoran Blvd, Ste 233, Orlando, FL 32822-1779
Purpose of Expenditure: Reimb. Canvassing Equipment and Transportation; ultimate payee was Amazon and RaceTrac
Category/Type: 006
Amount: 445.88
Transaction ID: VSGF29TNJ14
Date of Disbursement or Obligation: 10/24/2016
Name of Federal Candidate: Clinton, Hillary, , Support
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 486949.20

Full Name of Payee: One Vanilla Card
Mailing Address: PO Box 826, Fortson, GA 31808-0826
Purpose of Expenditure: Prepaid Debit Card
Category/Type: 007
Amount: 670.21
Transaction ID: VSGF29TQF07
Date of Disbursement or Obligation: 10/27/2016
Name of Federal Candidate: Clinton, Hillary, , Support
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 486949.20

(a) SUBTOTAL of Itemized Independent Expenditures 1116.09
(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.

Gonzalez, Lawrence, ,

[Electronically Filed]

Date 06 / 08 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NCLR Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00626390
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item One Vanilla Card		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 826		Amount <input type="text"/>	
City Fortson	State GA	Zip Code 31808-0826	991.74
Purpose of Expenditure Prepaid Debit Card		Category/Type <input type="text"/>	007
Name of Federal Candidate: Clinton, Hillary, , ,		<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: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
486949.20		2016	

Full Name of Payee <input type="checkbox"/> Memo Item Professionals for Non-Profits		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 515 Madison Ave		Amount <input type="text"/>	
City New York	State NY	Zip Code 10022-5400	106700.82
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/Type <input type="text"/>	006
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
486949.20		2016	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>
107692.56	107692.56

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.

Gonzalez, Lawrence, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NCLR Action PAC
FEC IDENTIFICATION NUMBER
C C00626390

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Professionals for Non-Profits
Mailing Address
515 Madison Ave
City
New York State
NY Zip Code
10022-5400
Purpose of Expenditure
Payment for Canvassing Services 10/1-11/8
Category/Type
006
Date of Public Distribution/Dissemination
10 / 01 / 2016
Amount
18976.65
Transaction ID : VSGF29TXX88
Date of Disbursement or Obligation
11 / 14 / 2016

Name of Federal Candidate:
TRUMP, DONALD J., ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
Professionals for Non-Profits
Mailing Address
515 Madison Ave
City
New York State
NY Zip Code
10022-5400
Purpose of Expenditure
Payment for Canvassing Services 10/1-11/8
Category/Type
006
Date of Public Distribution/Dissemination
10 / 01 / 2016
Amount
95710.95
Transaction ID : VSGF29TXXA3
Date of Disbursement or Obligation
11 / 14 / 2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 114687.60
(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.

Gonzalez, Lawrence, ,
Signature

[Electronically Filed]

Date
06 / 08 / 2017

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NCLR Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00626390
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Solidarity Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1090 Vermont Ave NW Ste 300	Amount <input type="text"/>
City Washington State DC Zip Code 20005-4966	Transaction ID : VSGF29TRQS9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure GOTV Phone Calls Category/Type 006	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 486949.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Solidarity Strategies	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1090 Vermont Ave NW Ste 300	Amount <input type="text"/>
City Washington State DC Zip Code 20005-4966	Transaction ID : VSGF29TVSW9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Radio Advertising Services Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 486949.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 69999.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 344426.99

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.

Gonzalez, Lawrence, , ,

[Electronically Filed]

Date

/ /

Signature