PAGE 1 / 28

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	nonzeu Committee	Office Use Only
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 - L
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00626390		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (\)	YE) Electio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	✗ General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on 11 / 08	in the State of DC
5. Covering Period 10		through 11	M / D D / Y Y Y Y Y Y 28 2016
I certify that I have examined the		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Gonzalez, Lawrence, , , er		
Signature of Treasurer	zalez, Lawrence, , ,	[Electronically Filed]	Date 06 / 08 / 2017
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Vrite or Type Committee Name		
1	NCLR Action PAC		
R	Report Covering the Period: From:	10 / 20 / 2016 To:	11 28 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		0.00
	(b) Cash on Hand at Beginning of Reporting Period	183981.28	
	(c) Total Receipts (from Line 19)	320346.01	619287.02
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	504327.29	619287.02
7.	Total Disbursements (from Line 31)	363176.00	478135.73
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	141151.29	141151.29
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	51044.41	
	This committee has qualified as a mul	ticandidate 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:	20 2016	To: 11 28 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total Tills Tellou	Odicildal Tedi to Bate
(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
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	305346.01	564287.01
(such as PACs)	303340.01	504287.01
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	320346.01	619287.02
Totals to Line 33, page 5)	320040.01	4 4 4
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
B. All Loans Received	0.00	0.00
. All Loans Neceived	45 45	45 45 45
Librar Brown with Browled	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	4 4 4	4 4
(Dividends, Interest, etc.)	0.00	0.00
B. Transfers from Non-Federal and Levin Funds	0.00	45 45 45
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	4 4	4 4 5
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levin Fande (nem concade Fie)	45 45	4 4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	4 4	45 45 45 45
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	320346.01	619287.02
. Total Federal Receipts	 	
(subtract Line 18(c) from Line 19)▶	320346.01	619287.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) Federal Share		4 4 4
(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
Transfers to Affiliated/Other Party	107-43.01	1225555
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees		0.00
Independent Expenditures	1 1 1 1 1 1 1 1 1 1	
(use Schedule E)	344426.99	435931.74
(use Schedule F)	0.00	0.00
. Loan Repayments Made		0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees		0.00
4. 5 5 6		11111111111
(b) Political Party Committees(c) Other Political Committees		0.00
(c) Other Political Committees (such as PACs)		0.00
(d) Total Contribution Refunds		4 4
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. §	30101(20))	
(a) Allocated Federal Election Activity	1	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid		4 4 4
Entirely With Federal Funds (c) Total Federal Election Activity (ad	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
Total Disbursements (add Lines 21(c),		
23, 24, 25, 26, 27, 28(d), 29 and 30(d)	363176.00	478135.73
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a) from Line 31)		
110111 LITE 01)	▶ 363176.00	478135.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures				
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

				MBER	:	PAGE	6	OF	28
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NCLR Action PAC		
Full Name of Individual (Last, First, Middle I NCLR Action Fund Mailing Address 1126 16th St NW	nitial) or Full Organization Name	Date of Receipt
Ste 600		11 02 2016
City	State Zip Code	Transaction ID : VSHEADE6V78
Washington	DC 20036-4845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 55000.01	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	·····	15000.00
TOTAL This Period (last page this line number	or only)	15000.00

9/	CHEDINE A (EEC Form 2V)			T = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =						
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 28 (check only one)						
IT	EMIZED RECEIPTS		for each category of the	11a 11b X 11c 12						
			Detailed Summary Page	13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full)									
$ \rangle$	NCLR Action PAC									
Α.	Full Name of Individual (Last, First, Middle Initial FOR OUR FUTURE	al) or Full C	Organization Name	Date of Receipt						
Λ.	Mailing Address 888 16th St NW			M M / D D / Y Y Y Y						
	Ste 650			10 21 2016						
	City	State	Zip Code	Transaction ID : VSHEADC4TC6						
	Washington	DC	20006-4112	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0620971	195626.00						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		204252.00	1						
	Other (specify) ▼		391252.00							
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name							
В.	FOR OUR FUTURE	ai) or ruii c	organization Name	Date of Receipt						
	Mailing Address 888 16th St NW	M = M / D = D / Y = Y = Y								
	Ste 650			11 03 2016						
	City	State	Zip Code	Transaction ID : VSHEADFJBB1						
	Washington	DC	20006-4112	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0620971	109720.01						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	riggrogato	Total to Buto 1	1						
	Other (specify) ▼		500972.01							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing			Amount of Each Neceipt this Period						
	federal political committee.	C		, ,						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For:			_						
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)									
			45 45 45	1						
s	UBTOTAL of Receipts This Page (optional)			305346.01						

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

305346.01

17

SCHEDULE B (FEC Form 3X)	Lloc series	arata aabadula/-\	FOR LINE		PAGE 8 OF 28		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		7 oo	7.06 7.7	
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b	
Any information copied from such Reports and Stater	nents may i	not he sold or use					
or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
NCLR Action PAC							
Full Name (Last, First, Middle Initial)							
A. Amalgamated Bank				Date of Di	sbursemer	nt	
				M = M /	D D	/ Y Y Y Y Y	
Mailing Address 275 7th Ave				10	25	2016	
City	State	Zip Code					
New York	NY	10001-6708		FEC Ident	fication Nu	umber	
Purpose of Disbursement Bank Fees		<u> </u>		C			
Candidate Name				Trans		VSGF29VFC5	
Candidate Name			Category/ Type	Amount of	Each Disl	oursement this Period	
Office Sought: House Disburser	ment For:		, ypc			37.00	
Senate	Primary	General			7	7	
President	Other (spec	cify) 🔻		Memo	Item		
State: District:							
Full Name (Last, First, Middle Initial) B. Amalgamated Bank				Date of Di	sbursemer	nt	
				M = M /	D D	/ Y Y Y Y Y Y	
Mailing Address 275 7th Ave				11	25	2016	
City	State	Zip Code					
New York	NY	10001-6708		FEC Ident	fication Nu	umber	
Purpose of Disbursement		<u> </u>		С			
Bank Fees Candidate Name	Category/ Type				action ID :	VSGF29VFBR	
Candidate Ivallie				Amount of	bursement this Period		
Office Sought: House Disburser						418.71	
Senate	Primary	General			7	7	
President Pietriet	Other (spec	cify)		Memo	Item		
State: District:							
Full Name (Last, First, Middle Initial) C. Collazo, Rafael, , ,				Date of Di	sbursemer	nt	
				M M /	D D	/ Y Y Y Y Y	
Mailing Address 6 Tigerlily Ln				10	20	2016	
City	State	Zip Code					
Sicklerville	NJ	08081-9546		FEC Ident	tication Nu	umber	
Purpose of Disbursement Reimbursement - Travel and Meals				C			
Candidate Name			لسيا			VSGF29TK12	
Caralage Hallo			Category/ Type	Amount of	⊨ach Disl	oursement this Period	
Office Sought: House Disburser	ment For:					190.40	
Senate	Primary	General					
President State: District:	Other (spec	сіту) 🔻		Memo	Item		
State. District.							
SUBTOTAL of Disbursements This Page (optional)					T	646.11	
,				-	-		
TOTAL This Period (last page this line number only)				1			

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF						
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	l '	check only one) X 21b 22 23 26					
		Detailed Summary Page			23 28c	26 29	27 30b		
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NAME OF COMMITTEE (In Full)									
NCLR Action PAC									
Full Name (Last, First, Middle Initial)				D-4 4 F	·	1			
A. Wynn Las Vegas				Date of Disbursement					
Mailing Address 3131 Las Vegas Blvd S				10	18	<u> </u>	2016		
City	State	Zip Code		FEC Iden	tification 1	Number			
Las Vegas	NV	89109-1967					-		
Purpose of Disbursement Meals				C					
Candidate Name			لبسيا		saction ID				
			Category/ Type	Amount o	t Each Di	sburseme	ent this Period		
Office Sought: House Disburse	ement For:		- 7	1 1			29.20		
Senate	Primary	General			*	7	4		
President	Other (spe	ecify) ▼		★ Memo) Item				
State: District:									
Full Name (Last, First, Middle Initial)				D					
B. Evans & Katz LLC				Date of L	isbursem				
Mailing Address PO Box 75357					11 09 2016				
City	State	Zip Code		FEC Iden	tification N	Numbor			
Washington	DC	20013-0357			uncauon i	vuilibei			
Purpose of Disbursement Compliance Services		Category/ Type nent For: Primary General Other (specify)			C				
Candidate Name					Transaction ID: VSGF29TWW Amount of Each Disbursement this Period 9021.16				
Candidato Namo									
Office Sought: House Disburse	ement For:								
Senate	Primary				Memo Item				
President	Other (spe								
State: District:				Ц					
Full Name (Last, First, Middle Initial) C. Green Dot Bank				Date of D	isbursem	ent			
Creen Bot Bank				M = M	/ D D	/ Y	Y Y Y		
Mailing Address 3465 E Foothill Blvd				10	26	l L	2016		
City	State	Zip Code		FEC Iden	tification N	Number			
Pasadena Purpose of Dishurosment	CA	91107-6071					-		
Purpose of Disbursement Prepaid Debit Card				C	saction ID	: VSGF2	9TY0 <i>‡</i>		
Candidate Name			Category/ Type	Amount o	f Each Di	sburseme	ent this Period		
Office Sought: House Disburse	ement For:			1 1	-		149.48		
Senate	Primary	General		4 4					
President	Other (specify) ▼			Memo) Item				
State: District:									
SUBTOTAL of Disbursements This Page (optional)							9170.64		
22222 C. 2.223.23.110110 Tillo Tago (optional)				-					
TOTAL This Period (last page this line number only	/)								

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF						
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	I `	eck only one) K 21b 22 23 26 2			□ 07		
		Detailed Summary Page					27 30b		
Any information popular from such Departs and Oto			28a						
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NAME OF COMMITTEE (In Full)									
NCLR Action PAC									
Full Name (Last, First, Middle Initial)									
A. Green Dot Bank				Date of Disbursement					
Mailing Address 3465 E Foothill Blvd				11	14		2016		
City Pasadena	State CA	Zip Code 91107-6071		FEC Ider	ntification	Number			
Purpose of Disbursement	_ CA	91107-6071							
Prepaid Debit Card				C		D 1/2050	77/40		
Candidate Name			Category/			D: VSGF29 Disbursemen	nt this Period		
			Type						
- <u> </u>	sement For:] L			300.00		
Senate	Primary	General							
State: District:	Other (sp	ecity) \blacktriangledown		Mem	o Item				
Full Name (Last, First, Middle Initial)									
B. Jacquez, Albert, , ,				Date of [Disbursen	nent			
					10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 2403 Lellah Ct									
City	State	Zip Code		FEC Ider	ntification	Number			
Dunn Loring Purpose of Disbursement	VA	22027-1200							
Reimbursement - Travel and Lodging				C					
Candidate Name		Category/ Type nent For: Primary General Other (specify)			Transaction ID: VSGF29TFME Amount of Each Disbursement this Period				
Office Sought: House Disbur	nament Far				1000.10				
Senate Disbut	_								
President									
State: District:				Mem	o Item				
Full Name (Last, First, Middle Initial)				Data of F	Dialaaaa				
C. Expedia, Inc.				Date of D	/ D I		YYYY		
Mailing Address 333 108th Ave NE				10	17		2016		
City	State	Zip Code		FEC Ider	ntification	Number			
Bellevue	WA	98004-5703			imodion	. 10111501	-		
Purpose of Disbursement Lodging				C	saction I	D : VSGF29	9TM1 ⁻		
Candidate Name			Category/ Type	Transaction ID: VSGF29TM1' Amount of Each Disbursement this Per					
Office Sought: House Disbur	sement For:		.7.5-2				582.40		
Senate	Primary	General			*				
President	Other (sp	Other (specify) ▼			o Item				
State: District:				X Mem					
SUBTOTAL of Disbursements This Page (optiona	l)				- :		1300.10		
	,								
TOTAL This Period (last page this line number or	ılv)				_				

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF						
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only		¬ [
	Detailed Summary Page		X 21b 28a				27 30b		
Annintermenting against transports Demants and Chate									
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
NCLR Action PAC									
Full Name (Last, First, Middle Initial)				Doto of F	liah. waa m	a a n t			
A. United Airlines				Date of D	/ DIE		YYY		
Mailing Address PO Box 6449				10	02		2016		
City	State	Zip Code		FEC Iden	tification	Number			
Chicago	IL	60680-6449			-				
Purpose of Disbursement Travel									
Candidate Name						D : VSGF2	-		
Candidate Name			Category/ Type	Amount o	f Each D	Disburseme	nt this Period		
Office Sought: House Disburse	ment For:		турс				417.70		
Senate	Primary	General							
President	Other (spe	ecify) 🔻		★ Memo	o Item				
State: District:	4			A Month					
Full Name (Last, First, Middle Initial)									
B. Jacquez, Albert, , ,					Date of Disbursement 10 20 2016				
Mailing Address 2403 Lellah Ct									
					20 2010				
City	State	Zip Code		FEC Iden	tification	Number			
Dunn Loring Purpose of Disbursement	VA	22027-1200			-		-		
Reimbursement - Travel and Meals				C					
Candidate Name		Category/ Type nent For: Primary General Other (specify)			Transaction ID: VSGF29TK1C Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:				289.73 Memo Item				
Senate	,								
President State: District:	Other (spe								
Full Name (Last, First, Middle Initial)									
C. United Airlines				Date of D	isbursen	nent			
Mailing Address PO Box 6449				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code							
Chicago	IL	60680-6449		FEC Iden	tification	Number			
Purpose of Disbursement				С			-		
Travel			L		saction I	D : VSGF2	9TKA:		
Candidate Name			Category/	Amount o	f Each D	Disburseme	nt this Period		
Office Coughts House			Туре				25.00		
Office Sought: House Disburse Senate	ment For:				7	1-75	23.00		
President	Primary			X Memo	*				
State: District:	J 3 11 31 (OPC	Other (specify) ▼			o Item				
SUBTOTAL of Disbursements This Page (optional).					40	1.20	289.73		
				-	,	,			
TOTAL This Period (last page this line number only	·)								

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SCHEDULE B (FEC Form 3X)	ller	wata aab - dod - ()	FOR LINE	NUMBER:		PAGE 12 OF 28	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only one)				
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b	
A	<u> </u>						
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
NCLR Action PAC							
<u>/ </u>							
Full Name (Last, First, Middle Initial)				D-44 D		1	
A. United Airlines					isburseme		
Mailing Address PO Box 6449				10	19	2016	
,	State	Zip Code		FEC Iden	tification N	lumber	
Chicago Purpose of Disbursement	IL	60680-6449					
Travel				C			
Candidate Name			Cotogoriul			: VSGF29TKA)	
			Category/ Type	Amount 0	ı ⊏acıı DIS	sbursement this Period	
Office Sought: House Disburser	nent For:					25.00	
Senate	Primary	General			*	,	
President	Other (spec	cify) 🔻		★ Memo	Item		
State: District:							
Full Name (Last, First, Middle Initial)				Date of D	isburseme	int	
B. Wynn Las Vegas				M M / D D / Y Y Y Y			
Mailing Address 3131 Las Vegas Blvd S				10	19	2016	
,	State	Zip Code		FEC Iden	tification N	umber	
Las Vegas Purpose of Disbursement	NV	89109-1967					
Meals and Hotel Taxes				C			
Candidate Name			Category/			: VSGF29TKAT sbursement this Period	
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Office Sought: House Disburser					7	151.33	
Senate	Primary	General			*		
State: District:	Other (spec	сіту)		X Memo	Item		
Full Name (Last, First, Middle Initial)							
C. Wynn Las Vegas				Date of D	isburseme	ent	
				M M	/ D D	/ Y Y Y Y Y	
Mailing Address 3131 Las Vegas Blvd S				10	19	2016	
City	State	Zin Codo					
City Las Vegas	State NV	Zip Code 89109-1967		FEC Iden	tification N	lumber	
Purpose of Disbursement				С			
Meals	L l		saction ID	: VSGF29TKA			
Candidate Name			Category/			sbursement this Period	
Office Sought: House Dishusses	nont For:		Туре			29.01	
Office Sought: House Disburser Senate	nent For: Primary	General			-	23.01	
President	Other (spec			V	*		
State: District:	(- 50	,, ,		X Memo) Item		
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ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check only one) (check only one)			(orlook offly offo)			- -			
			Summary Page	X 21			23 28c		26 29	27 30b	
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	for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full)										
$ \rangle$	NCLR Action PAC										
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A.	Jacquez, Albert, , ,				Date	_	sburser				
Mailing Address 2403 Lellah Ct						M /	24		Y	2016	Y
	City	State	Zip Code		FEC	dentif	ication	Num	her		
	Dunn Loring	VA	22027-1200			uoiilli	ισαιι U Π	ivuii	'n⊆l	-	
	Purpose of Disbursement Reimbursement - Travel and Lodging			T	C						
	Candidate Name			Oct						9TMP7	Dorio -
				Category/ Type	Amou	iii Of	∟acn l	חמפות	, seme	ent this F	enod
	Office Sought: House Disburser	nent For:		71: -			e -			891.2	3
	Senate	Primary	General						,		
	President State: District:	Other (spec	cify) 🔻		N	1emo	Item				
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В.	Full Name (Last, First, Middle Initial) Amtrak				Date	of Dis	sburser	ment			
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	Mailing Address 50 Massachusetts Ave NE				10		01		Ľ.	2016	
	,	State	Zip Code	_	FEC	dentif	ication	Num	nber		
	Washington Purpose of Disbursement	DC	20002-4214					-			
	Travel								0.5.	0777	
	Candidate Name			Category/ Type						9TMPE ent this F	Period
	Office Sought: House Disburser	nent For:		VI -	[_		326.0	0
		Primary	General				*		7-	. 45	
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C.	Full Name (Last, First, Middle Initial) Sofitel						sburser	_		V =	V -
	Mailing Address 120 S 17th St				10		01		Y	2016	
		State	Zip Code		FFC	dentif	ication	Num	nber		
	Philadelphia Purpose of Dishuraement	PA	19103-5115				. 544011	· vari		-	
	Purpose of Disbursement Lodging										
Candidate Name Category/ Type							ection I Each [29TMP ent this F	Period
	Office Sought: House Disburser	nent For:		.,,,,,,		-			-	422.2	3
	Senate	Primary	General		1		*		7	1 46	
	President	Other (spec	cify) ▼		X	1emo	Item				
_	State: District:										
s	SUBTOTAL of Disbursements This Page (optional)			·····•			7		7	891.2	23
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SCHEDULE B (FEC Form 3X)			FOR L	UMBER: PAGE 14 OF 28				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	ı `	only or	_ ′			
		Detailed Summary Page			22 28b	23 28c	26	27 30b
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NAME OF COMMITTEE (In Full)								
NCLR Action PAC								
Full Name (Last, First, Middle Initial)					D	D: 1		
A. One Vanilla Card		M = M	Disburse	D / Y				
Mailing Address PO Box 826		T			11	0		2016
City Fortson	State GA	Zip Code 31808-0826			FEC Ide	entificatio	n Number	
Purpose of Disbursement	<u> </u>	31800-0820		_ 1	С			
Prepaid Debit Card							ID 1/005	**************************************
Candidate Name			Category	,,			ID: VSGF Disbursem	nent this Period
			Type					10000
Office Sought: House Disburser								214.84
Senate President	Primary Other (spe	General			_			
State: District:	Other (spe	city) \blacktriangledown			Mer	no Item		
Full Name (Last, First, Middle Initial)								
B. One Vanilla Card					Date of	Disburse		- Y - Y - Y
Mailing Address PO Box 826						11 14 2016		
,	State	Zip Code			FEC Ide	entificatio	n Number	
Fortson Purpose of Disbursement	GA	31808-0826		_				
Prepaid Debit Card				יור	C			
Candidate Name			Category Type	//	Transaction ID: VSGF29TY050 Amount of Each Disbursement this Period			
Office Sought: House Disburser	nent For:	I	1,00	$-\Box$				383.67
Senate	Primary	General				7	- 4	
President State: District:	Other (spe	cify)			Mer	mo Item		
Full Name (Last, First, Middle Initial)					_			
C. Ortega, Daniel, , , Jr.						Disburse		
Mailing Address 361 E Coronado Rd Ste 101					10	2	6	2016
	State	Zip Code			EEC Ide	antification	n Number	
Phoenix	AZ	85004-1525				Jilliloatio.	Trambo	
Purpose of Disbursement Reimbursement - Travel				יוך	C	nsaction	ID : VSGF	729TQC
Candidate Name			Category Type	//				nent this Period
Office Sought: House Disbursement For:						-	- 45	94.00
Senate Primary General						,	,	
	President Other (specify) ▼				Mer	mo Item		
State: District:								
SUBTOTAL of Disbursements This Page (optional)				•		7		692.51
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SCHEDULE B (FEC Form 3X)						E 15 OF 28	
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check c				
		Detailed Summary Page 21b 28a			23	26	27
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Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
NCLR Action PAC							
Full Name (Last, First, Middle Initial)				5.			
A. Sandler, Reiff, Lamb, Rosenstein	M = N		D / Y	YYYY			
Mailing Address 1025 Vermont Ave NW Ste 300				11	2	8	2016
City	State	Zip Code		FEC Id	dentification	n Number	
Washington Purpose of Disbursement	DC	20005-6302					
Legal Services				C			
Candidate Name			Cotogony	- 1		ID: VSGF	29VFJ8 nent this Period
			Category/ Type	Allioui	it of Lacif	Disbuisein	ent this renou
Office Sought: House Disburse	ement For:	L_		TI.			5736.48
Senate	Primary	General			,,	,	
State: District:	Other (sp	ecify) \blacktriangledown		Me	emo Item		
Full Name (Last, First, Middle Initial)				+-			
B.				Date of	of Disburse	ement	
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Mailing Address					J . L.	П. Г.	
City	State	Zip Code		FEC I	dentification	n Number	
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Purpose of Disbursement				C			
Candidate Name							
Candidato Namo			Category/ Type	Amour	it of Each	Disbursem	ent this Period
Office Sought: House Disburse	ement For:		1,700				
Senate	Primary	General				4	
President	Other (sp	ecify)		│	emo Item		
State: District:				П			
Full Name (Last, First, Middle Initial)				Data	of Diaboura		
C.					of Disburse		
Mailing Address				M W	/ D	D / Y	YYY
City	State	Zip Code		FEC Id	dentification	n Number	
Purpose of Disbursement				C			
·							
Candidate Name			Category/ Type	Amour	nt of Each	Disbursem	nent this Period
Office Sought: House Disbursement For:						'	
Senate Primary General							4
President	Other (specify) ▼			│	emo Item		
State: District:							
SUBTOTAL of Disbursements This Page (optional)					1.40	1.25	5736.48
							19796 90
TOTAL This Period (last page this line number only	v)						18726.80

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 16 OF FOR LINE NUMBER: (check only one)

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28

NAME OF COMMITTEE (In Full) NCLR Action PAC		·			
A. Full Name (Last, First, Middle Initial) of Debtor of 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			Transaction ID : VSEGJ9H8DF4		
247.23					
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period		
0.00		247.23	0.00		
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose): Reimbursement - Travel and Meals		
Collazo, Rafael, , ,			Trembursement - Traver and Wears		
Mailing Address 6 Tigerlily Ln					
City Sicklerville	State NJ	Zip Code 08081-9546			
Outstanding Balance Beginning This Period	INO	00001 3340	Transaction ID : VSEGJ9H8D13		
190.40			Transaction in . Vacgaanona		
Amount Incurred This Period	T T T				
0.00	T	190.40	0.00		
C. Full Name (Last, First, Middle Initial) of Debtor of Enterprise	or Creditor		Nature of Debt (Purpose): Canvass Transportation		
Mailing Address PO Box 402383					
City Atlanta	State GA	Zip Code 30384-2383			
Outstanding Balance Beginning This Period			Transaction ID : VSEGJ9H91M4		
18999.17					
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period		
0.00		0.00	18999.17		
1) SUBTOTALS This Period This Page (optional)		>	18999.17		
2) TOTALS This Period (last page this line number or	nly)	>			
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only	y)			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary	Page (last page only) ▶			

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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)

FOR LINE NUMBER: (check only one)

PAGE

18 OF

:		
		9
	X	10

28

NAME OF COMMITTEE (In Full) NCLR Action PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement - Travel and Meals Jacquez, Albert, , , Mailing Address 2403 Lellah Ct State Zip Code **Dunn Loring** VΑ 22027-1200 Transaction ID: VSEGJ9H8CV6 Outstanding Balance Beginning This Period 289.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 289.73 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement - Travel and Lodging Jacquez, Albert, , , Mailing Address 2403 Lellah Ct City State Zip Code **Dunn Loring** 22027-1200 Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H8D05 1000.10 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement - Travel and Lodging Jacquez, Albert, , , Mailing Address 2403 Lellah Ct City State Zip Code 22027-1200 **Dunn Loring** VA Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H8DJ7 891.23 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 891.23 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

28

19 OF

NAME OF COMMITTEE (In Full) NCLR Action PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement for Prepaid Debit Card Nordlund, Jared, , , Mailing Address 5449 S Semoran Blvd Ste 233 State Zip Code Orlando FL 32822-1779 Transaction ID: VSEGJ9H8EG4 Outstanding Balance Beginning This Period 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 Nature of Debt (Purpose): **Canvassing Services** Professionals for Non-Profits Mailing Address 515 Madison Ave City State Zip Code New York 10022-5400 NY Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H91N2 253433.66 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 221388.42 32045.24 0.00 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 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 32045.24 1) SUBTOTALS This Period This Page (optional)..... 51044.41 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 51044.41 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee Carlier, Natalie, , ,		☐ Memo		of Public Distribution/Dissemination
Mailing Address				10 13 2016
Mailing Address 790 NW 107th Ave			Amou	nt
City	State	Zip Code		66.05
Miami	FL	33172-3130		action ID : VSGF29TFM79 of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payees Finishline Petroleum and Chevron	AFP Group,	Category/ Type 002		10 20 / 2016
Name of Federal Candidate:		Support	Office Sough	t: House District:
TRUMP, DONALD J., , ,		x Oppose	x Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought		486949.20	Disbursemen	
,	7		0	ther (specify) ▶
Full Name of Payee Carlier, Natalie, , ,		☐ Memo		of Public Distribution/Dissemination
Mailing Address 790 NW 107th Ave			Amou	
City	State	Zip Code		108.58
Miami	FL	33172-3130		saction ID : VSGF29TFMA3 of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee AFP Group	Shell and	Category/ Type 002		10 / 20 / 2016
Name of Federal Candidate:		Support	Office Sough	t: House District:
TRUMP, DONALD J., , ,		x Oppose	X Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought		486949.20	Disbursemen 2016	
				ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [174.63
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		. .	
				.,,
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gonzalez, Lawrence, , ,	Electronically Fil	'ed1 -	M = M /	D D / Y Y Y Y Y
Signature		_ Date	06	08 2017

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEFENDENT EXPENDITORES				PAGE 21 OF 28
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NCLR Action PAC				FEC IDENTIFICATION NUMBER ▼
TVOLITY NO.				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	n M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Carlier, Natalie, , ,				10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 790 NW 107th Ave			F	Amount
City	State	Zip Code		72.60
Miami	FL	33172-3130	I	Transaction ID : VSGF29TFMB1 Date of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee A and Finishline Petroleum	AFP Group	Category/ Type 002		10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
TRUMP, DONALD J., , ,		X Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	486949.20	Disburs 2016	ement For:
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Carlier, Natalie, , ,				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 790 NW 107th Ave				Amount
City	State	Zip Code		14.00
Miami	FL	33172-3130		Transaction ID : VSGF29TVXM5 Date of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee	Shell	Category/ Type 002		11
Name of Federal Candidate:		✗ Support	Office S	Sought: House District:
Clinton, Hillary, , ,		Oppose		President Senate State:
Calendar Year-To-Date			Disburs	sement For: Primary X General
Per Election for Office Sought	7 7	486949.20	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	86.60
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
			г	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•
Gonzalez, Lawrence, , ,	[Electronically File	led] Date	e 06	08 2017
Signature		_	, ,,,	لحضيا لقا ل

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Itam Date	of Public Distribution/Dissemination
Green Dot Bank		Ivierno	item Bate	10 26 2016
Mailing Address 3465 E Foothill Blvd			Amo	unt
City	State	Zip Code	$ \Gamma$	1007.80
Pasadena	CA	91107-6071		saction ID: VSGF29TNJ06 of Disbursement or Obligation
Purpose of Expenditure Prepaid Debit Card		Category/ Type 006		10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ht: House District:
Clinton, Hillary, , ,		Oppose	x Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	2 2	486949.20	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee	,	Memo	1_	of Public Distribution/Dissemination
Mack-Sumner Communications, LLC		□ Memo	item Bate	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 N Beauregard St			Amo	
Ste 420			Allio	
City Alexandria	State VA	Zip Code 22311-1750		37874.00 nsaction ID : VSGF29TQE53 of Disbursement or Obligation
Purpose of Expenditure Printing - Canvass Literature		Category/ Type 006		10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ght: House District:
Clinton, Hillary, , ,		Oppose	X Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	486949.20	Disburseme	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			· [38881.80
(b) SUBTOTAL of Unitemized Independent Expenditure	'es			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gonzalez, Lawrence, , ,	Electronically File	ed1 -	M = M /	D D / Y Y Y Y Y
Signature		Date	9 06	08 2017

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				
				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends rep	port filed	on M M / D D / Y Y Y Y
Full Name of Payee Mack-Sumner Communications, LLC		☐ Mem	o Item	Date of Public Distribution/Dissemination
·				10 / 26 / 2016
Mailing Address 2001 N Beauregard St				Amount
Ste 420				
City	State	Zip Code		1000.00
Alexandria	VA	22311-1750		Transaction ID : VSGF29TQE79 Date of Disbursement or Obligation
Purpose of Expenditure Shipping - Canvass Literature		Category/ Type 00	06	10 26 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District:
Clinton, Hillary, , ,		Oppose	x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	, ,	486949.20	Disbu 2016	ursement For: Primary
Full Name of Payee		☐ Mem	o Item	Date of Public Distribution/Dissemination
Mack-Sumner Communications, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 N Beauregard St				11 33 2310
Ste 420				Amount
City	State	Zip Code		8827.00
Alexandria	VA	22311-1750		Transaction ID: VSGF29TW7W0 Date of Disbursement or Obligation
Purpose of Expenditure Printing - Canvass Literature		Category/ Type 00)7	11 05 / Y Y Y Y Y
Name of Federal Candidate:		x Support	Office	e Sought: House District:
Clinton, Hillary, , ,		Oppose	x	President Senate State:
Calendar Year-To-Date		486949.20		ursement For: Primary X General
Per Election for Office Sought	7-1-1-1	400949.20	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			··· •	9827.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(c) TOTAL Independent Expenditures			···· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its analysis.	te or authorized			
Gonzalez, Lawrence, , ,	Electronically Fil	ed1 –	М	M / D D / Y Y Y Y
Signature		Da Da	ite 0	08 2017

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				
				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends rep	oort filed	on M M / D D / Y Y Y Y
Full Name of Payee Mack-Sumner Communications, LLC		☐ Memo	o Item	Date of Public Distribution/Dissemination
Wack-Summer Communications, LEC				11 05 / 2016
Mailing Address 2001 N Beauregard St				Amount
Ste 420				Tunount
City	State	Zip Code		1934.01
Alexandria	VA	22311-1750		Transaction ID: VSGF29TW7X8 Date of Disbursement or Obligation
Purpose of Expenditure Shipping - Canvass Literature		Category/ Type 00)7	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District:
Clinton, Hillary, , ,		Oppose	x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	486949.20	Disbu 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	o Item	Date of Public Distribution/Dissemination
Nordlund, Jared, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5449 S Semoran Blvd				10 03 2010
Ste 233				Amount
City	State	Zip Code		26.95
Orlando	FL	32822-1779		Transaction ID : VSGF29TNJ22 Date of Disbursement or Obligation
Purpose of Expenditure Prepaid Debit Card		Category/ Type 00	6	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	e Sought: House District:
TRUMP, DONALD J., , ,		x Oppose	x	President Senate State:
Calendar Year-To-Date		486949.20		ursement For: Primary X General
Per Election for Office Sought	7-1-1-1	480949.20	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1960.96
(h) SUBTOTAL of Unitersized Independent Everyditure	••			
(b) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Gonzalez, Lawrence, , ,	Electronically File	ed1 -	M	M / D D / Y Y Y Y
Signature		Da	te 0	6 08 2017

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 28 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)					
NCLR Action PAC				C C00626390	
				O socialist	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y	
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination	
Nordlund, Jared, , ,				10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 5449 S Semoran Blvd			Amou	int	
Ste 233	State	Zip Code	—	445.88	
Orlando	FL	32822-1779	Trans	saction ID : VSGF29TNJ14	
	FL	32022-1773		of Disbursement or Obligation	
Purpose of Expenditure Reimb. Canvassing Equipment and Transportation; payee was Amazon and RaceTrac	ultimate	Category/ Type 006		10 / 24 / 2016	
Name of Federal Candidate:		X Support	Office Sough	ht: House District:	
Clinton, Hillary, , ,		Oppose	X Presid	lent Senate State:	
Calendar Year-To-Date			Disburseme	nt For: Primary X General	
Per Election for Office Sought		486949.20	2016	Other (specify) ▶	
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination	
One Vanilla Card				M M / D D / Y Y Y	
Mailing Address				10 27 2016	
PO Box 826			Amou	nt	
City	State	Zip Code	— Г	670.21	
Fortson	GA	31808-0826		saction ID : VSGF29TQF07 of Disbursement or Obligation	
Purpose of Expenditure Prepaid Debit Card		Category/ 007		M M / D D / Y Y Y Y	
Trepaid Debit Gard		Type 007	-	10 27 2016	
Name of Federal Candidate:		x Support	Office Sough	ht: House District:	
Clinton, Hillary, , ,		Oppose	X Presid	ent Senate State:	
Calendar Year-To-Date			Disburseme	nt For: Primary X General	
Per Election for Office Sought	7 7	486949.20	2016	Other (specify)	
				(
(a) SUBTOTAL of Itemized Independent Expenditures				1116.09	
(a) SSS 101AE of Romizou mooperation Experientalise				1110.00	
(b) SUBTOTAL of Unitemized Independent Expenditure	res.				
(-,					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Gonzalez, Lawrence, , ,	Electronically Fil	ed]	M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		Date	e 06	08 2017	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 28	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
NCLR Action PAC				FEC IDENTIFICATION NUMBER ▼	
				C C00626390	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination	
One Vanilla Card				11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 826			Amo	ount	
City	State	Zip Code	-	991.74	
Fortson	GA	31808-0826		nsaction ID : VSGF29TW7T5 of Disbursement or Obligation	
Purpose of Expenditure Prepaid Debit Card		Category/ Type 007		11 07 / 2016	
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:	
Clinton, Hillary, , ,		Oppose	X Presi		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	486949.20	Disburseme	ent For: Primary X General Other (specify) ▶	
Full Name of Payee		Memo		e of Public Distribution/Dissemination	
Professionals for Non-Profits		Wieme		M M / D D / Y Y Y Y	
Mailing Address 545 Madison Aug					
515 Madison Ave			Amo	punt	
City	State	Zip Code		106700.82	
New York	NY	10022-5400		nsaction ID : VSGF29TXXE5 of Disbursement or Obligation	
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/ Type 006		10 28 2016	
Name of Federal Candidate:		Support	Office Sou	ght: House District:	
TRUMP, DONALD J., , ,		x Oppose	X Presi	dent Senate State:	
Calendar Year-To-Date		486949.20	Disburseme	ent For: Primary X General	
Per Election for Office Sought	7 7	400949.20	2016	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	107692.56	
(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 Fil	ed1	M = M	/ D D / Y Y Y Y Y	
Signature	Laces omeany 1'll	Date	9 06	08 2017	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEFENDENT EXPENDITORES	3			PAGE 27 OF 28
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NCLR Action PAC				FEC IDENTIFICATION NUMBER ▼
THO ENTROUGHT FROM				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Professionals for Non-Profits				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 515 Madison Ave			Ar	mount
City	State	Zip Code	-	18976.65
New York	NY	10022-5400		ransaction ID : VSGF29TXX88 ate of Disbursement or Obligation
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/ Type 006		11 14 2016
Name of Federal Candidate:		Support	Office So	ought: House District:
TRUMP, DONALD J., , ,		X Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought		486949.20	Disburse 2016	ement For:
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Professionals for Non-Profits				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 515 Madison Ave			Aı	mount
City	State	Zip Code		95710.95
New York	NY	10022-5400		Transaction ID: VSGF29TXXA3 ate of Disbursement or Obligation
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/ Type 006	_	11 14 2016
Name of Federal Candidate:		✗ Support	Office So	ought: House District:
Clinton, Hillary, , ,		Oppose		esident Senate State:
Colondar Veer To Date			+ $-$	ement For: Primary Seneral
Calendar Year-To-Date Per Election for Office Sought	7 7	486949.20	2016	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es		. •	114687.60
(b) SUBTOTAL of Unitemized Independent Expendit	tures		. г	
(b) COBTOTAL OF CHILDRING AND INTERPORTED IN EXPORTED				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candiparty committee) any political party committee or it	date or authorized	•		
Gonzalez, Lawrence, , ,	[Electronically Fil	[ed] Date	e 06	08 2017
Signature			, 30	لتنتيا لينا ا

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
Objects if C OA hours senset. C 40 hours senset.	Navasasa		61	M " M / D " D / Y " Y " Y " Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Solidarity Strategies		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mailing Address 1090 Vermont Ave NW				10 27 2016
Ste 300			Am	ount
City	State	Zip Code		54999.75
Washington	DC	20005-4966	-	insaction ID: VSGF29TRQS9 e of Disbursement or Obligation
Purpose of Expenditure GOTV Phone Calls		Category/ Type 006	5	10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ught: House District:
Clinton, Hillary, , ,		Oppose	✗ Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought		486949.20	Disbursem	_ , _
	7 7			Other (specify) ▶
Full Name of Payee Solidarity Strategies		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Moiling Address				11 02 7 2016
1090 Vermont Ave NVV			Am	ount
Ste 300	State	Zip Code	— Г	15000.00
Washington	DC	20005-4966		ansaction ID : VSGF29TVSW9 e of Disbursement or Obligation
Purpose of Expenditure Radio Advertising Services		Category/ Type 004		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sou	ught: House District:
Clinton, Hillary, , ,		Oppose	✗ Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought		486949.20	Disbursem	nent For: Primary X General
Tel Elodion for Office Godgitt	7 7			Other (specify) ▶
(a) SUPTOTAL of Hamizad Independent Evpanditures			. \Box	60000.75
(a) SUBTOTAL of Itemized Independent Expenditures	•••••		•	69999.75
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			• •	344426.99
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gonzalez, Lawrence, , ,	Electronically Fil	ed]	M = M	/ 08 2017
Signature		Date	9 06	2017