

# FAX

TO: Robin Kelly  
 FEC  
 Senior Campaign Finance Analyst  
 Reports Analysis Division

FROM: Climate Reallty Action Fund  
 ID: C90017088

FAX: (202) 219-0174 FAX: (202) 628-1445

PHONE: (202) 694-1170 PHONE: (202) 567-6835

SUBJECT: Amended Form 5 DATE: 10/24/2017

COMMENTS:

2017-10-24 16:33 FAX



# Climate Reality ACTION FUND

October 23, 2017

VIA FAX

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Attn: Robin Kelly  
Senior Campaign Finance Analyst  
Reports Analysis Division

Re: Identification Number: C90017088  
Reference: Year End Report (10/16/2016 - 11/08/2016)

Dear Ms. Kelly,

This is a response to your letter dated September 21, 2017 to the Climate Reality Action Fund requesting additional information regarding the above-referenced FEC Form 5 filing. Please find enclosed an amended report, showing \$0.00 in "Total Contributions" for the period covered by the report. The Climate Reality Action Fund did not solicit or receive any contributions specifically for the purpose of influencing any election for federal office during the covered period. Independent expenditures made by the Climate Reality Action Fund were from its existing general operating funds.

If any further explanation or action is required, please contact me.

Kind regards,

David Jenkins, CPA  
david.jenkins@climatereality.com

Enclosures



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

September 21, 2017

CLIMATE REALITY ACTION FUND  
750 9TH STREET NW SUITE 520  
WASHINGTON, DC 20001

**Response Due Date**

**10/26/2017**

IDENTIFICATION NUMBER: C90017088

REFERENCE: YEAR-END REPORT (10/16/2016 - 11/08/2016)

Dear Filer:

This letter is prompted by the Commission's preliminary review of the Report of Independent Expenditures Made and Contributions Received (FEC Form 5) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** Additional information is needed for the following 1 item(s):

- Line 7 of your FEC Form 5 filing discloses disbursements made for independent expenditure(s). However, no contributions are disclosed on Line 6, "Total Contributions." Each contributor who made a donation in excess of \$200 to further the independent expenditure(s) must be itemized on Schedule 5-A, including their identification information. Please amend your report to provide the missing information or provide clarifying information. (11 CFR §§ 109.10(e) (1)(vi) and 114.10(f))

**Please note, you will not receive an additional notice from the Commission on this matter. Requests for extensions of time in which to respond will not be considered.** Failure to comply with the provisions of the Act may result in an enforcement action against the entity. Any response submitted by your entity will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

For additional information about the report review process or specific filing information, please visit <http://transition.fec.gov/rad/>. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424 9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or my local number (202) 694-1170.

2017-10-25 09:11:00

CLIMATE REALITY ACTION FUND

Page 2 of 2

Sincerely,

*Robin C. Kelly*

Robin Kelly  
Senior Campaign Finance Analyst  
Reports Analysis Division

403

2017-10-25 09:00:17-01:00

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Climate Reality Action Fund		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) <span style="float:right">check if different than previously reported</span> 750 9th Street, NW, Suite 520		
(c) City, State and ZIP Code Washington, DC 20001		
2. Occupation and Name of Employer (for Individual Filers Only) n/a		

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment?  No  Yes, it amends the report filed on 11 18 2016

5. COVERING PERIOD: FROM 10 16 2016  
THROUGH 11 08 2016

6. TOTAL CONTRIBUTIONS..... 0.00  
7. TOTAL INDEPENDENT EXPENDITURES ..... 14,246.43

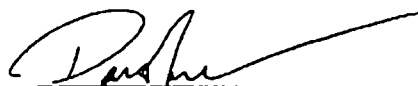
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

David Jenkins



10/23/2017

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

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

20171023 10:25:00 AM 000179159

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE 1 OF 1

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

NAME OF FILER (In Full)

Climate Reality Action Fund

A. Full Name (Last, First, Middle Initial)  
No contributions of \$200 or more

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

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

2017-10-25 AM 00:17:51

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
Climate Reality Action Fund

Full Name (Last, First, Middle Initial) of Payee

360 Campaign Consulting LLC

Date of Public Distribution/Dissemination

10 16 2016

Mailing Address

305 Saranac Way

Amount

City

State

Zip Code

Ithaca

NY 14850

3,629.15

Purpose of Expenditure

Phone banking

Category/  
Type

Office Sought:

House

State: FL

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Hillary Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

3,629.15

Disbursement For:  Primary  General

Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

360 Campaign Consulting LLC

Date of Public Distribution/Dissemination

10 16 2016

Mailing Address

305 Saranac Way

Amount

City

State

Zip Code

Ithaca

NY 14850

3,629.15

Purpose of Expenditure

Staff campaign activity

Category/  
Type

Office Sought:

House

State: FL

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Hillary Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

3,629.15

Disbursement For:  Primary  General

Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Climate Reality Action Fund

Date of Public Distribution/Dissemination

10 16 2016

Mailing Address

750 9th St NW Suite 520

Amount

City

State

Zip Code

Washington

DC 20001

3,514.07

Purpose of Expenditure

Staff campaign activity

Category/  
Type

Office Sought:

House

State: FL

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Hillary Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

7,143.22

Disbursement For:  Primary  General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures ..... 10,772.36

(b) SUBTOTAL of Unitemized Independent Expenditures ..... 0.00

(c) TOTAL Independent Expenditures ..... 10,772.36  
(carry total from last page forward to Line 7)

20171016 15:00:00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) Climate Reality Action Fund	
--	--

Full Name (Last, First, Middle Initial) of Payee Climate Reality Action Fund	Date of Public Distribution/Dissemination 10 16 2016
Mailing Address 750 9th St NW Suite 520	Amount
City State Zip Code Washington DC 20001	3,474.07

Purpose of Expenditure Staff campaign activity	Category/Type	Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Murphy		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7,103.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____	

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

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

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	3,474.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	14,246.43

NON-FEDERAL CAMPAIGN DISBURSEMENT



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

2017-10-25 10:25:17 AM EDT

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p style="text-align: center;">10/25/17</p> <p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED