

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 11 / 08 / 2016 in the State of DC

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 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 12 / 07 / 2016

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**

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Page 2

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="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="298941.01"/>	<input type="text" value="298941.01"/>
(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="298941.01"/>	<input type="text" value="298941.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="114959.73"/>	<input type="text" value="114959.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="183981.28"/>	<input type="text" value="183981.28"/>
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="2645.64"/>	

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

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).....	40000.01	40000.01
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	40000.01	40000.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	258941.00	258941.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	298941.01	298941.01
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)).....▶	298941.01	298941.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	298941.01	298941.01

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	23454.98	23454.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23454.98	23454.98
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)	91504.75	91504.75
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)) ..	114959.73	114959.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	114959.73	114959.73

DETAILED SUMMARY PAGE
of Disbursements

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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)	298941.01	298941.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	298941.01	298941.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	23454.98	23454.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23454.98	23454.98

**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 6 OF 25
	<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	

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 ▼
40000.01

Date of Receipt
10 / 07 / 2016
Transaction ID : VSHEAD86MW7
Amount of Each Receipt this Period
40000.00
 Memo Item

B. 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 ▼
40000.01

Date of Receipt
10 / 07 / 2016
Transaction ID : VSHEADAYXN3
Amount of Each Receipt this Period
0.01
 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).....	40000.01
TOTAL This Period (last page this line number only).....	40000.01

**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 25
<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 ▼
195626.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : VSHEAD86N40

Amount of Each Receipt this Period
195626.00

Memo Item

B. IMMIGRANT VOTERS WIN PAC

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

Mailing Address 1536 U St NW

City Washington State DC Zip Code 20009-3912

FEC ID number of contributing federal political committee. **C** C00612820

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
63315.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : VSHEAD86NB5

Amount of Each Receipt this Period
63315.00

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	258941.00
TOTAL This Period (last page this line number only).....▶	258941.00

**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. Collazo, Rafael, , ,		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 6 Tigerlily Ln		FEC Identification Number C Transaction ID : VSGF29TDJ3 Amount of Each Disbursement this Period 435.63
City Sicklerville	State NJ	
Zip Code 08081-9546		Memo Item <input type="checkbox"/>
Purpose of Disbursement Reimbursement - Travel and Lodging		
Candidate Name		Category/Type
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Priceline, LLC		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 800 Connecticut Ave		FEC Identification Number C Transaction ID : VSGF29TKAC Amount of Each Disbursement this Period 347.73
City Norwalk	State CT	
Zip Code 06854-1631		Memo Item <input checked="" type="checkbox"/>
Purpose of Disbursement Travel		
Candidate Name		Category/Type
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Evans & Katz LLC		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address PO Box 75357		FEC Identification Number C Transaction ID : VSGF29TA41 Amount of Each Disbursement this Period 937.80
City Washington	State DC	
Zip Code 20013-0357		Memo Item <input type="checkbox"/>
Purpose of Disbursement Compliance Services		
Candidate Name		Category/Type
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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1373.43
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. National Council of La Raza		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016
Mailing Address 1126 16th St NW Ste 600		FEC Identification Number C [REDACTED] Transaction ID : VSGF29TBDI Amount of Each Disbursement this Period 9854.94
City Washington	State DC	Zip Code 20036-4845
Purpose of Disbursement Administrative Staff Salaries and Related Costs		Category/Type [REDACTED]
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. National Council of La Raza		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016
Mailing Address 1126 16th St NW Ste 600		FEC Identification Number C [REDACTED] Transaction ID : VSGF29VK6H Amount of Each Disbursement this Period 8867.06
City Washington	State DC	Zip Code 20036-4845
Purpose of Disbursement Estimated Administrative Staff Salaries and Related Costs		Category/Type [REDACTED]
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NCLR Action Fund		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 1126 16th St NW Ste 600		FEC Identification Number C [REDACTED] Transaction ID : VSGF29TA3F Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20036-4845
Purpose of Disbursement Reimbursement - Compliance Services		Category/Type [REDACTED]
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	21222.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C [REDACTED] Transaction ID : VSGF29TA3E Amount of Each Disbursement this Period [REDACTED] 225.00	
City Washington	State DC	Zip Code 20005-5006	Category/ Type [REDACTED]
Purpose of Disbursement Database Services		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Ortega, Daniel, , , Jr.		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 361 E Coronado Rd Ste 101		FEC Identification Number C [REDACTED] Transaction ID : VSGF29TEMN Amount of Each Disbursement this Period [REDACTED] 570.77	
City Phoenix	State AZ	Zip Code 85004-1525	Category/ Type [REDACTED]
Purpose of Disbursement Reimbursement - Travel and Lodging		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address P.O. Box 36647-1CR		FEC Identification Number C [REDACTED] Transaction ID : VSGF29TKA. Amount of Each Disbursement this Period [REDACTED] 481.96	
City Dallas	State TX	Zip Code 75235	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 795.77
TOTAL This Period (last page this line number only).....▶	[REDACTED] 23391.20

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 25
	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 0.00	Transaction ID : VSEGJ9H8DF4	
Amount Incurred This Period 247.23	Payment This Period 0.00	Outstanding Balance at Close of This Period 247.23

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 0.00	Transaction ID : VSEGJ9H8D13	
Amount Incurred This Period 190.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 190.40

C. 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 0.00	Transaction ID : VSEGJ9H8CV6	
Amount Incurred This Period 289.73	Payment This Period 0.00	Outstanding Balance at Close of This Period 289.73

1) SUBTOTALS This Period This Page (optional)..... ▶	727.36
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 12 OF 25
	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 Lodging
Mailing Address 2403 Lellah Ct			
City Dunn Loring	State VA	Zip Code 22027-1200	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEGJ9H8D05	
Amount Incurred This Period 1000.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.10

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 0.00	Transaction ID : VSEGJ9H8DJ7	
Amount Incurred This Period 891.23	Payment This Period 0.00	Outstanding Balance at Close of This Period 891.23

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

1) SUBTOTALS This Period This Page (optional)..... ▶	1918.28
2) TOTALS This Period (last page this line number only)..... ▶	2645.64
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) ▶	2645.64

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 Supplies; ultimate payee was Target & AFP Group
Category/Type: 006
Name of Federal Candidate: TRUMP, DONALD J., , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
Date of Public Distribution/Dissemination: 10/01/2016
Amount: 34.99
Transaction ID: VSGF29T4NX7
Date of Disbursement or Obligation: 10/11/2016
Calendar Year-To-Date Per Election for Office Sought: 397073.99
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 Minimart on the Greens
Category/Type: 006
Name of Federal Candidate: TRUMP, DONALD J., , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 10.00
Transaction ID: VSGF29TBW31
Date of Disbursement or Obligation: 10/11/2016
Calendar Year-To-Date Per Election for Office Sought: 397073.99
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.99
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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, ,

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Date

12 / 07 / 2016

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**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 Carlier, Natalie, , ,	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 790 NW 107th Ave	Amount <input type="text"/> 24.96 Transaction ID : VSGF29TBW49 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Miami FL 33172-3130	
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee Orion Fuels	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 397073.99	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 Carlier, Natalie, , ,	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 790 NW 107th Ave	Amount <input type="text"/> 13.90 Transaction ID : VSGF29TDJ60 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Miami FL 33172-3130	
Purpose of Expenditure Reimb: Canvassing Supplies ultimate payee Target	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J., , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 397073.99	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"/> 38.86
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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, , ,

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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, ,
Memo Item
Date of Public Distribution/Dissemination
10 / 12 / 2016
Mailing Address
790 NW 107th Ave
Amount
76.68
Transaction ID : VSGF29TDJ78
Date of Disbursement or Obligation
10 / 14 / 2016
Purpose of Expenditure
Reimb: Canvassing Transportation ultimate payees: Chevron; APF Group; Finishline Petroleum
Category/Type
002
Name of Federal Candidate:
TRUMP, DONALD J., ,
Support Oppose
Office Sought:
House Senate
President
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Carlier, Natalie, ,
Memo Item
Date of Public Distribution/Dissemination
10 / 13 / 2016
Mailing Address
790 NW 107th Ave
Amount
66.05
Transaction ID : VSGF29TFM79
Date of Disbursement or Obligation
10 / 13 / 2016
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
Office Sought:
House Senate
President
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.68
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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, ,

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**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 M M / D D / Y Y Y Y Y Y

Full Name of Payee Carrier, Natalie, , , * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address 790 NW 107th Ave	Amount 108.58
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., , ,	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 397073.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Carrier, Natalie, , , * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Mailing Address 790 NW 107th Ave	Amount 72.60
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., , ,	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 397073.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) 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

M M / D D / Y Y Y Y Y Y
12 / 07 / 2016

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

NAME OF COMMITTEE (In Full) NCLR Action PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00626390 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Enterprise *	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016
Mailing Address PO Box 402383	Amount 24468.00
City Atlanta State GA Zip Code 30384-2383	
Purpose of Expenditure Estimated Cost: Carvass Transportation Category/Type 002	
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 397073.99	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 Facebook	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016
Mailing Address 1601 Willow Rd	Amount 1000.00
City Menlo Park State CA Zip Code 94025-1452	
Purpose of Expenditure Online Advertising Services Category/Type 004	
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 397073.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	1000.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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, , ,

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Date

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12 / 07 / 2016

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
Name of Federal Candidate: TRUMP, DONALD J., , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate, State:
Disbursement For: [] Primary, [x] General, [] 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: Payment for Printing - Canvass Literature
Category/Type: 006
Name of Federal Candidate: TRUMP, DONALD J., , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate, State:
Disbursement For: [] Primary, [x] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12195.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

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**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 National Council of La Raza	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1126 16th St NW Ste 600	Amount <input type="text"/> 350.00 Transaction ID : VSGF29T4JN7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20036-4845	
Purpose of Expenditure Payment for Equipment Rental - Canvass Category/Type <input type="text"/> 001	
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 397073.99	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 National Council of La Raza	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1126 16th St NW Ste 600	Amount <input type="text"/> 9188.85 Transaction ID : VSGF29T4J51 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20036-4845	
Purpose of Expenditure Payment for Salary, Benefits & Other Canvass Related Cost: 10/1-11/8 Category/Type <input type="text"/> 001	
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 397073.99	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"/> 9538.85
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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, , ,

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Date

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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: National Council of La Raza
Mailing Address: 1126 16th St NW, Ste 600, Washington, DC 20036-4845
Purpose of Expenditure: Estimated Payment for Salary, Benefits & Other Canvass Related Cost: 10/1-11/8
Category/Type: 001
Date of Public Distribution/Dissemination: 10/01/2016
Amount: 14791.94
Transaction ID: VSGF29VK6J9
Date of Disbursement or Obligation: 10/13/2016
Name of Federal Candidate: Clinton, Hillary, , , Support
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 397073.99

Full Name of Payee: National Council of La Raza
Mailing Address: 1126 16th St NW, Ste 600, Washington, DC 20036-4845
Purpose of Expenditure: Payment for Salary, Benefits & Other Canvass Related Cost: 10/1-11/8
Category/Type: 001
Date of Public Distribution/Dissemination: 10/01/2016
Amount: 2297.21
Transaction ID: VSGF29VM1W6
Date of Disbursement or Obligation: 10/13/2016
Name of Federal Candidate: Clinton, Hillary, , , Support
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 397073.99

(a) SUBTOTAL of Itemized Independent Expenditures 17089.15
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

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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 Supplies; ultimate payee was Amazon
Category/Type: 006
Name of Federal Candidate: TRUMP, DONALD J., , Oppose
Office Sought: President
Disbursement For: General
Amount: 7922.28
Transaction ID: VSGF29T7VNO
Date of Disbursement or Obligation: 10/06/2016

Full Name of Payee: Nordlund, Jared, ,
Mailing Address: 5449 S Semoran Blvd, Ste 233, Orlando, FL 32822-1779
Purpose of Expenditure: Actual Payment amount of Reimb. Prepaid Debit Card; ultimate payee was Walgreens
Category/Type: 006
Name of Federal Candidate: TRUMP, DONALD J., , Oppose
Office Sought: President
Disbursement For: General
Amount: 23.95
Transaction ID: VSGF29T4NW9
Date of Disbursement or Obligation: 10/01/2016

(a) SUBTOTAL of Itemized Independent Expenditures: 7946.23
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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, ,

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**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"/> 1000.00 Transaction ID : VSGF29T90Z0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Fortson State GA Zip Code 31808-0826	
Purpose of Expenditure Prepaid Debit Card 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 397073.99	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 Pandora	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2101 Webster St Ste 1650	Amount <input type="text"/> 3000.00 Transaction ID : VSGF29TA2N3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Oakland State CA Zip Code 94612-3015	
Purpose of Expenditure Radio Advertising Services Category/Type <input type="text"/> 004	

Name of Federal Candidate: TRUMP, DONALD J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 397073.99	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"/> 4000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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, ,

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**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 checked="" 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	Transaction ID : VSGF29VK6M5
Purpose of Expenditure Estimated Cost: Canvassing Services 10/1-11/8		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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) ▶ _____	

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	Transaction ID : VSGF29TMAN9
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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) ▶ _____	

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

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

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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: Solidarity Strategies
Mailing Address: 1090 Vermont Ave NW, Ste 300, Washington DC, 20005-4966
Purpose of Expenditure: Production Cost Radio Ad
Category/Type: 004
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 500.00
Transaction ID: VSGF29TA2J0
Date of Disbursement or Obligation: 10/07/2016

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

Full Name of Payee: Solidarity Strategies
Mailing Address: 1090 Vermont Ave NW, Ste 300, Washington DC, 20005-4966
Purpose of Expenditure: Production Cost Online Advertisement
Category/Type: 004
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 500.00
Transaction ID: VSGF29TA2K7
Date of Disbursement or Obligation: 10/07/2016

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

(a) SUBTOTAL of Itemized Independent Expenditures: 1000.00
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) 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, ,

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ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NCLR Action PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00626390 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Solidarity Strategies	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 18 / 2016 </div>
Mailing Address 1090 Vermont Ave NW Ste 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 29000.00 </div> Transaction ID : VSGF29T7E99 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City Washington State DC Zip Code 20005-4966	
Purpose of Expenditure Event Planning Consultancy Services Category/Type 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 397073.99	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	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City State Zip Code	
Purpose of Expenditure Category/Type _____	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 29000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 91504.75 </div>

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

M M / D D / Y Y Y Y Y Y
12 / 07 / 2016

Signature