PAGE 1 / 25

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

- Ortin Ozt	Other Than An Autho	orized Committee		Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
NCLR Action PAC				
ADDRESS (number and street)	1126 16th St. NW			
▼ Check if different				
than previously reported. (ACC)	Washington		DC	20036
2. FEC IDENTIFICATION NUM	BER ▼ CITY	<b>A</b>	STATE ▲	ZIP CODE ▲
C C00626390	3. IS 1 REF	THIS NEW (N) O		ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20	Jun 20 (M	6) Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20	Jul 20 (M7	Oct 2	20 (M10) Jan 31 (YE)
July 15	(c) 12-Day  PRE-Election	Primary (12P)	<b>x</b> General	(12G) Runoff (12R)
Quarterly Report (Q2) October 15 October 15	Report for the:	Convention (12C)	Special (	12S)
Quarterly Report (Q3)  January 31  Year-End Report (YE)	Election	on 11 08	2016	in the State of DC
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election	on	/	in the State of
5. Covering Period 10	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 10	M / D D /	2016
I certify that I have examined this	Report and to the best of m Gonzalez, Lawrence, , ,	y knowledge and belief it is	true, correct and	d complete.
Type or Print Name of Treasurer				
Signature of Treasurer  Gonzales	z, Lawrence, , ,	[Electronically Filed]	Date 12	/ 07 / Y Y Y Y Y Y Y 2016
NOTE: Submission of false, erroneou	s, or incomplete information r	may subject the person signin	g this Report to th	ne 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
Write or Type Committee Name		
NCLR Action PAC		
Report Covering the Period: From:	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 10 / 19 / 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
S. (a) Cash on Hand  January 1,  2016		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	298941.01	298941.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 298941.01	298941.01
7. Total Disbursements (from Line 31)	. 114959.73	114959.73
Cash on Hand at Close of     Reporting Period     (subtract Line 7 from Line 6(d))	. 183981.28	183981.28
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	. 2645.64	
This committee has qualified as a mu	Iticandidate 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:	01 2016 To	: 10 19 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	40000.01	40000.01
(i) homized (dee conedate /i)		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	40000.01	40000.01
(b) Political Ports Correctitoes	0.00	0.00
(b) Political Party Committees	0.00	3 3
(such as PACs)	258941.00	258941.00
(d) Total Contributions (add Lines	4	79. 79. 75.
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	298941.01	298941.01
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. 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
3. Transfers from Non-Federal and Levin Funds	4 4	4 4
(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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	298941.01	298941.01
,,,,,,,,,	250071.01	25551161
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	298941.01	298941.01

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B		
21. Operating Expenditures:		Iotal IIIIs Period	Calendar Year-to-Date		
(8	Allocated Federal/Non-Federal     Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(b	,	22454.00	23454.98		
(0	Expenditures  Total Operating Expenditures	23454.98	23434.90		
(0	(add 21(a)(i), (a)(ii), and (b))▶	23454.98	23454.98		
. Т	ransfers to Affiliated/Other Party	2010.100			
С	ommittees	0.00	0.00		
	ontributions to ederal Candidates/Committees				
a	nd Other Political Committees	0.00	0.00		
	dependent Expenditures				
. С	ıse Schedule E)oordinated Party Expenditures	91504.75	91504.75		
(5	52 U.S.C. § 30116(d)) use Schedule F)	0.00	2.22		
()	So Sonodio 1 J	0.00	0.00		
. L	oan Repayments Made	0.00	0.00		
		4 4	3.00		
. L	oans Made	0.00	0.00		
	efunds of Contributions To: a) Individuals/Persons Other	4	4 4		
`	Than Political Committees	0.00	0.00		
(t		0.00	0.00		
(0	<b>'</b>	0.00	0.00		
/-	(such as PACs)	0.00	0.00		
(0	f) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00			
	(add Lines 20(a), (b), and (c))	0.00	0.00		
. 0	ther Disbursements (Including				
	on-Federal Donations)	0.00	0.00		
	,	4 4	4 4		
	ederal Election Activity (52 U.S.C. § 30101(20	0))			
(8	a) Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	0.00			
	(i) i euciai Silaic	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
(b			5.00		
, -	Entirely With Federal Funds	0.00	0.00		
(0	c) Total Federal Election Activity (add	7			
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
		45	7 7		
	otal Disbursements (add Lines 21(c), 22,				
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	114959.73	114959.73		
_	atal Fadaral Diahuraamarata	45 45 45	45 45 45		
	otal Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii) om Line 31)	11 1050 70			
111	OIII EIIIG 91)	114959.73	114959.73		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 298941.01 298941.01 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 298941.01 298941.01 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 23454.98 23454.98 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 23454.98 23454.98 (subtract Line 37 from Line 36) ......

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

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

F	FOR LINE NUMBER:					PAGE		6	OF	25
(0	(check only one)									
	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 t			erson for the purpose of soliciting contributions eto solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NCLR Action PAC			
Full Name of Individual (Last, First, Middle INCLR Action Fund  Mailing Address 1126 16th St NW  Ste 600  City  Washington	Initial) or Full Org	Zip Code 20036-4845	Date of Receipt  10 07 2016  Transaction ID: VSHEAD86MW7  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼  40000.01	40000.00  Memo Item
Full Name of Individual (Last, First, Middle INCLR Action Fund  Mailing Address 1126 16th St NW Ste 600  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify) ▼	State DC C	Zip Code 20036-4845  pation (for Individual)  ear-to-Date   40000.01	Date of Receipt  10 07 2016  Transaction ID: VSHEADAYXN3  Amount of Each Receipt this Period  0.01  Memo Item
Full Name of Individual (Last, First, Middle I  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)	State	Zip Code  Zip Code  pation (for Individual)  ear-to-Date ▼	Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optional)			40000.01
TOTAL This Period (last page this line number	er only)		40000.01

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 25 (check only one)  11a
Any information copied from such Reports and Stor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) NCLR Action PAC			
Full Name of Individual (Last, First, Middle Init FOR OUR FUTURE  Mailing Address 888 16th St NW  Ste 650  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General	State DC Co	Zip Code 20006-4112  0620971  upation (for Individual)  Year-to-Date ▼	Date of Receipt  10 05 2016  Transaction ID: VSHEAD86N40  Amount of Each Receipt this Period  195626.00  Memo Item
Other (specify) ▼  Full Name of Individual (Last, First, Middle Init  IMMIGRANT VOTERS WIN PAC	ial) or Full C	195626.00 Organization Name	Date of Receipt
Mailing Address 1536 U St NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify) ▼	Occ	Zip Code 20009-3912 0612820 cupation (for Individual) Year-to-Date ▼	Transaction ID: VSHEAD86NB5 Amount of Each Receipt this Period  63315.00  Memo Item
Full Name of Individual (Last, First, Middle Init  Mailing Address	ial) or Full C	Organization Name	Date of Receipt
City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)		Zip Code  upation (for Individual)  Year-to-Date ▼	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

## ľ

SCHEDULE B (FEC Form 3X)	Use senarate	e schedule(s)	FOR LINE NUMBER: PAGE 8 OF 2 (check only one)			
ITEMIZED DISBURSEMENTS	for each cate Detailed Sur	egory of the	(check only 21b 28a	one) 22 23 28b 28		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	arro arra address	or any pontion	dominitied to	CONOR CONTINUE	one nom oden committee.	
NCLR Action PAC						
Full Name (Last, First, Middle Initial)  A. Collazo, Rafael, , ,		Date of Disbu	rsement			
Mailing Address 6 Tigerlily Ln				10	14 2016	
City Sicklerville	l	ip Code 08081-9546		FEC Identifica	tion Number	
Purpose of Disbursement Reimbursement - Travel and Lodging				C	on ID : VSGF29TDJ3	
Candidate Name			Category/ Type	Amount of Ea	ch Disbursement this Period 435.63	
Office Sought: House Disburs Senate President						
State: District:				Memo Iter	П	
Full Name (Last, First, Middle Initial)  3. Priceline, LLC  Mailing Address 800 Connecticut Ave		Date of Disbu	rsement 2016			
City Norwalk	l	ip Code 06854-1631		FEC Identifica	tion Number	
Purpose of Disbursement Travel				C	on ID : VSGF29TKAG	
Candidate Name			Category/ Type		ch Disbursement this Period	
Office Sought: House Disburs Senate President	ement For: Primary Other (specify)	General		X Memo Iter	347.73 *	
State: District:  Full Name (Last, First, Middle Initial)				Monto itel		
C. Evans & Katz LLC				Date of Disbu	rsement	
Mailing Address PO Box 75357				10	07 2016	
City Washington Purpose of Disbursement		ip Code 20013-0357		FEC Identifica	tion Number	
Compliance Services  Candidate Name	Category/		on ID : VSGF29TA41 ch Disbursement this Period			
Office Sought: House Disburs	ement For:		Туре		937.80	
Senate President	Primary Other (specify)	General ▼		Memo Iter	n	
State: District:				_		
SUBTOTAL of Disbursements This Page (optional)	)		·····•		1373.43	
TOTAL This Period (last page this line number on	ly)					

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF					GE 9 OF 25
ITEMIZED DISBURSEMENTS	TEMIZED DISBURSEMENTS  Use separate schedule(s) (checking and category of the			(check only one)				
Detailed Summary F				21b 2		23	26	27
[	1				8b	28c	29	30b
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)				Det	4 5	): _ l= =		
A. National Council of La Raza				M	ш М	Disburse	D / Y	
Mailing Address 1126 16th St NW Ste 600					10	1	3	2016
City	State DC	Zip Code		FE	C Ider	ntification	n Number	•
Washington Purpose of Disbursement	DC	20036-4845				-		
Administrative Staff Salaries and Related Costs								
Candidate Name			Cotogony	/ Am			ID: VSG	F29TBDI ment this Period
			Category. Type		Juni C	JI Lacii	Disbuisei	ment this renod
Office Sought: House Disburse	ment For:							9854.94
Senate	Primary	General				,		
President	Other (spe	ecify) 🔻			Mem	o Item		
State: District:								
Full Name (Last, First, Middle Initial)				Dat	o of F	Disburse	mont	
B. National Council of La Raza				Dai	e oi L			
Mailing Address 1126 16th St NW Ste 600				M	10		3 / Y	2016
City	State	Zip Code		FF	C Ider	ntification	n Number	,
Washington	DC	20036-4845						
Purpose of Disbursement Estimated Administrative Staff Salaries and Relate	ed Costs				L.			
Candidata Nama							ID : VSG	-
			Category. Type	/ Am	ount c	or Each	Disbursei	ment this Period
Office Sought: House Disburse	ment For:			$\dashv$				8867.06
Senate	Primary	General				7		4
President	Other (spe	ecify)			Mem	o Item		
State: District:								
Full Name (Last, First, Middle Initial)  C. NCLR Action Fund				Dat	e of D	Disburse	ment	
M. W. A.I.I.					M	/ D		0040
Mailing Address 1126 16th St NW Ste 600					10	0	/	2016
City	State	Zip Code				ALC: II	- NI .	
Washington	DC	20036-4845		FE	ıder	itification	n Number	
Purpose of Disbursement Reimbursement - Compliance Services							ID : VSG	FOOTAGE
Candidate Name  Category/ Type								ment this Period
Office Sought: House Disbursement For:								2500.00
Senate	General				7	7		
President			Mem	o Item				
State: District:								
SUBTOTAL of Disbursements This Page (optional).						40.		21222.00
			•		-		,	
TOTAL This Period (last page this line number only	/)							

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 (				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		nly one)			
		Summary Page	<b>X</b> 21		23	26 27	
[	28		28c	29 30b			
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)				Data a	f Diabuma		
A. NGP VAN, Inc.					f Disburse		
Mailing Address 1101 15th St NW Ste 500				10	0	2016	
City	State DC	Zip Code		FEC Id	lentification	n Number	
Washington Purpose of Disbursement	DC	20005-5006					
Database Services				C			
Candidate Name			Category/	- 1		ID: VSGF29TA3E Disbursement this Period	
			Type	Amour	it of Lacif	Disbursement this Period	
Office Sought: House Disburse	ement For:			┦│.		225.00	
Senate	Primary	General			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
President	Other (sp	ecify) 🔻		Me	emo Item		
State: District:							
Full Name (Last, First, Middle Initial)				Date o	f Disburse	ement	
B. Ortega, Daniel, , , Jr.				Date o	_	D / Y Y Y Y	
Mailing Address 361 E Coronado Rd Ste 101						8 2016	
City	State	Zip Code		FEC Id	lentification	n Number	
Phoenix Purpose of Disbursement	AZ	85004-1525					
Reimbursement - Travel and Lodging							
Candidate Name						ID: VSGF29TEMN Disbursement this Period	
			Category/ Type	Amoun	t of Lacif	Disburscriterit tills i criod	
Office Sought: House Disburse	ement For:			7 L.	1 45 1	570.77	
Senate	Primary	General			,	,	
President State: District:	Other (spe	ecify)		Me	emo Item		
Full Name (Last, First, Middle Initial)				+-			
C. Southwest Airlines				Date o	f Disburse		
Mailing Address P.O. Box 36647-1CR				10		7 2016	
City	State	Zip Code					
Dallas	TX	75235		FEC Id	entification	n Number	
Purpose of Disbursement Travel	C		ID : VSGF29TKA				
Candidate Name  Category/ Type						Disbursement this Period	
Office Sought: House Disbursement For:						481.96	
Senate Primary Gene					7	*	
President		X Me	emo Item				
State: District:							
SUBTOTAL of Disbursements This Page (optional)						795.77	
				-			
TOTAL This Period (last page this line number only	v)					23391.20	

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

NAME OF COMMITTEE (In Full) NCLR Action PAC					
A. Full Name (Last, First, Middle Initial) of Debtor (Carlier, Natalie, , ,	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Carlier, Natalie, , ,				
Mailing Address 790 NW 107th Ave					
City Miami	State FL	Zip Code 33172-3130			
Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  247.23		nent This Period	Transaction ID: VSEGJ9H8DF4  Outstanding Balance at Close of This Period  247.23		
B. Full Name (Last, First, Middle Initial) of Debtor o Collazo, Rafael, , ,  Mailing Address 6 Tigerlily Ln	r Creditor		Nature of Debt (Purpose):  Reimbursement - Travel and Meals		
City Sicklerville	State NJ	Zip Code 08081-9546			
Outstanding Balance Beginning This Period  0.00			Transaction ID: VSEGJ9H8D13		
Amount Incurred This Period 190.40	Payr	nent This Period 0.00	Outstanding Balance at Close of This Period 190.40		
C. Full Name (Last, First, Middle Initial) of Debtor of Jacquez, Albert, , ,	or Creditor		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  Amount Incurred This Period  289.73	Payr	nent This Period	Transaction ID : VSEGJ9H8CV6  Outstanding Balance at Close of This Period  289.73		
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	727.36		
2) TOTALS This Period (last page this line number of	nly)	<b>&gt;</b>			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y 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
FOR LINE NUMBER:
(check only one)

	9
X	10

25

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 Lodging Jacquez, Albert, , , Mailing Address 2403 Lellah Ct State Zip Code **Dunn Loring** VΑ 22027-1200 Transaction ID: VSEGJ9H8D05 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.10 1000.10 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: VSEGJ9H8DJ7 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 891.23 891.23 C. 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 City State Zip Code Orlando FL 32822-1779 Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H8EG4 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 26.95 0.00 1918.28 1) SUBTOTALS This Period This Page (optional)..... 2645.64 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 2645.64 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Signature

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 25 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	Item Date	of Public Distribution/Dissemination
Carlier, Natalie, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 790 NW 107th Ave			Amai	unt
			Amo	urit
City	State	Zip Code		34.99
Miami	FL	33172-3130		saction ID: VSGF29T4NX7 of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Supplies; ultimate payee was Ta Group	arget & AFP	Category/ Type 006		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		X Oppose	X Presid	
Calendar Year-To-Date			Disburseme	ent For: Primary X General
Per Election for Office Sought		397073.99	2016	Other (specify) ▶
Full Name of Payee Carlier, Natalie, , ,		☐ Memo	1 _	of Public Distribution/Dissemination
Mailing Address 790 NW 107th Ave			Amo	
City	State	Zip Code	$ \Gamma$	10.00
Miami	FL	33172-3130	Trar	nsaction ID : VSGF29TBW31 of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee I the Greens	Minimart on	Category/ Type 006		10 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		397073.99	Disburseme	_ , _
To a section to end edgin	1			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			· -	44.99
(a) SUBTOTAL of Unitemized Independent Expenditure	es		<b>•</b>	
(a) TOTAL Independent Expenditures			<b>•</b>	
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	te or authorized			
Gonzalez, Lawrence, , ,	Electronically Fil	[ed]	M = M /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatura		_ Date	12	07 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo		
Full Name of Payee Carlier, Natalie, , ,		☐ Memo	Item Date	of Public Distribution/Dissemination
				10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 790 NW 107th Ave			Amo	unt
City	State	Zip Code		24.96
Miami	FL	33172-3130		saction ID : VSGF29TBW49 of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee 0	Drion Fuels	Category/ Type 006		10 / 11 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		× Oppose	<b>✗</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	397073.99	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	1	of Public Distribution/Dissemination
Carlier, Natalie, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 790 NW 107th Ave			A	
	Ta	I = .	Amor	
City Miami	State FL	Zip Code 33172-3130		nsaction ID : VSGF29TDJ60 of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Supplies ultimate payee Target	et	Category/ Type 006		10 / 14 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	397073.99	Disburseme	ent For:  Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures			•	38.86
(a) CURTOTAL of Uniterprised Independent Expanditus	***		. —	
(a) SUBTOTAL of Unitemized Independent Expenditu	65		•	
(a) 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	9 12	07 2016

TEMIZED INDEPENDENT EXPENDITURES				15 OF 25 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
NCLR Action PAC				TION NUMBER ▼
			C C006263	90
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on M M / D D	/
Full Name of Payee		Memo	tem Date of Public Distribution	on/Dissemination
Carlier, Natálie, , ,			M M / D D D 12	/ Y Y Y Y Y 2016
Mailing Address 790 NW 107th Ave			Amount	
City	State	Zip Code		76.68
Miami	FL	33172-3130	Transaction ID : VSGF2 Date of Disbursement o	
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payees: APF Group; Finishline Petroleum	Chevron;	Category/ Type 002	10 / 14	2016
Name of Federal Candidate:		Support	Office Sought: House	District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	resident Senate	State:
Calendar Year-To-Date Per Election for Office Sought		397073.99	Disbursement For: Prime	ary <b>X</b> General
Tel Election for Office Sought	7 7		Other (specify) ▶ _	
Full Name of Payee Carlier, Natalie, , ,		✗ Memo	em Date of Public Distribution	on/Dissemination
*			10 13	2016
Mailing Address 790 NW 107th Ave			Amount	
City	State	Zip Code		66.05
Miami	FL	33172-3130	Transaction ID : VSGF Date of Disbursement o	
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payees Finishline Petroleum and Chevron	s AFP Group,	Category/ Type 002	M - M / D - D	/ Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House	District:
TRUMP, DONALD J., , ,		Oppose	President Senate	State:
Calendar Year-To-Date		207072 00	Disbursement For: Prim	ary 🗶 General
Per Election for Office Sought	7 7	397073.99	2016 Other (specify) ▶ _	
(a) SUBTOTAL of Itemized Independent Expenditures			<b>&gt;</b>	76.68
(a) SUBTOTAL of Unitemized Independent Expenditur	es		<b>&gt;</b>	
()				
(a) TOTAL Independent Expenditures			<b>&gt;</b>	
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	ite or authorized			
Gonzalez, Lawrence, , ,	Electronically Fil	led1 -		2046
Signature	rucany I u	Date	12 07	2016

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 25 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 rep	ort Amends repo	rt filed or	1 M M / D D / Y Y Y Y
Full Name of Payee		<b>▼</b> Memo	Item [	Date of Public Distribution/Dissemination
Carlier, Natalie, , ,				10 17 2016
Mailing Address 790 NW 107th Ave				
				Amount
City	State	Zip Code		108.58
Miami	FL	33172-3130	I	Transaction ID: VSGF29TFMA3 Date of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee S AFP Group	Shell and	Category/ Type 002		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
TRUMP, DONALD J., , ,		X Oppose		resident Senate State:
Calendar Year-To-Date				ement For: Primary X General
Per Election for Office Sought	, , ,	397073.99	2016	Other (specify)
Full Name of Payee		<b>X</b> Memo	Item [	Date of Public Distribution/Dissemination
Carlier, Natalie, , ,				M M / D D / Y Y Y Y
Mailing Address 700 NW 407th Ave				10 18 2016
790 NW 107th Ave			A	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 and Finishline Petroleum	AFP Group	Category/ Type 002		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose		resident Senate State:
Calendar Year-To-Date		007070 00	Disburs	ement For: Primary X General
Per Election for Office Sought	7 7	397073.99	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) 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 Fi	led]	M = N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 25 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 or	M = M / D = D / Y = Y = Y
Full Name of Payee		<b>✗</b> Memo	Item [	Date of Public Distribution/Dissemination
Enterprise				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 402383			A	mount
City	State	Zip Code		24468.00
Atlanta	GA	30384-2383	I	Fransaction ID: VSGF29T3Y18 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost: Canvass Transportation		Category/ Type 002		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>X</b> P	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	397073.99	Disburs 2016	ement For: Primary   General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item [	Date of Public Distribution/Dissemination
Facebook		□ Memo	item -	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1601 Willow Rd				10 11 2010
			A	mount
City	State	Zip Code		1000.00
Menlo Park	CA	94025-1452		Transaction ID: VSGF29TA2P1 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertising Services		Category/ Type 004		10 07 7 2016
Name of Federal Candidate:		<b>X</b> Support	Office S	Sought: House District:
Clinton, Hillary, , ,		Oppose	X P	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	<i>*</i> • • • • • • • • • • • • • • • • • • •	397073.99	Disburs 2016	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures			[	1000.00
			- 7	
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· • [	
(a) 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	led1	M = M	/ DID / YIYIYIY
Signature	I'll	_ Date	e 12	07 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
				G 000020000
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 Date	of Public Distribution/Dissemination
Green Dot Bank				10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3465 E Foothill Blvd			Amo	unt
City	State	Zip Code		1000.00
Pasadena	CA	91107-6071	<b>I</b>	nsaction ID : VSGF29T90W6 of Disbursement or Obligation
Purpose of Expenditure Prepaid Debit Card		Category/ Type 006		10 07 2016
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TRUMP, DONALD J., , ,		× Oppose	<b>✗</b> Presi	dent Senate State:
Calendar Year-To-Date		397073.99	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 1 7	391013.99	2016	Other (specify) ▶
Full Name of Payee Mack-Sumner Communications, LLC		☐ Memo	Item Date	of Public Distribution/Dissemination
·				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 N Beauregard St			Amo	unt
Ste 420	Ctata	Zin Codo		11195.00
City Alexandria	State VA	Zip Code 22311-1750		nsaction ID : VSGF29T3Y26 of Disbursement or Obligation
Purpose of Expenditure Payment for Printing - Canvass Literature		Category/		M M / D D / Y Y Y
rayment for rinning - Canvass Literature		Type 006		10 13 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>X</b> Presi	dent Senate State:
Calendar Year-To-Date		397073.99	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· <b>-</b>	12195.00
(a) SUBTOTAL of Unitemized Independent Expenditure	<b>2</b> 90			
(a) GOD TOTAL OF OTHER MIZE OF THE PROPERTY EXPENDICE.	03		,	
(a) 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	edl –	M = M	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	,	Date	12	07 2016

TEMIZED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			-	EC IDENTIFICATION NUMBER ▼
NCLR Action PAC			and the second	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 National Council of La Raza		☐ Memo	М	
Mailing Address 1126 16th St NW			Amount	0 01 2016
Ste 600			Amount	
City	State	Zip Code		350.00
Washington	DC	20036-4845		ction ID : VSGF29T4JN7 Disbursement or Obligation
Purpose of Expenditure Payment for Equipment Rental - Canvass		Category/ Type 001		0 07 7 2016
Name of Federal Candidate:		Support	Office Sought:	House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>x</b> Presiden	t Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	397073.99	Disbursement 2016 Oth	For: Primary <b>X</b> General er (specify) ▶
Full Name of Payee		Memo	Item Date of	Public Distribution/Dissemination
National Council of La Raza			M 1	0 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1126 16th St NW				
Ste 600			Amount	
City	State	Zip Code		9188.85
Washington	DC	20036-4845		ction ID : VSGF29T4J51 Disbursement or Obligation
Purpose of Expenditure Payment for Salary, Benefits & Other Canvass Rel 10/1-11/8	ated Cost:	Category/ Type 001		0 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>X</b> Presiden	t Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	397073.99	Disbursement 2016	For: Primary   General  er (specify)
				er (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	;		· []	9538.85
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. —	
(a) COBTOTAL OF CHIRCHIES A Macpenderia Experiation			•	7
(a) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		
Gonzalez, Lawrence, , ,	[Electronically File	ed] Date	M = M /	07 / 2016
Signature		_ Date		للنتيا لل

Gonzalez, Lawrence, , ,

Signature

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EMIZED INDEPENDENT EXPENDITURES						0 OF 25 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC		TION NUMBER ▼
NCLR Action PAC				С	C0062639	
heck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M	/ D D	YYYYY
Full Name of Payee National Council of La Raza		☐ Memo	Item D	ate of Pu	ıblic Distributio	n/Dissemination
7.44.07.4.00.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.				10 <sup>M</sup>	/ D D D	2016
Mailing Address 1126 16th St NW						
Ste 600			A	nount		
City	State	Zip Code			-(1)	14791.94
Washington	DC	20036-4845			on ID: VSGF2 sbursement or	
Purpose of Expenditure Estimated Payment for Salary, Benefits & Other Car Related Cost: 10/1-11/8	nvass	Category/ Type 001		10	13	2016
Name of Federal Candidate:		<b>X</b> Support	Office S	ought:	House	District:
Clinton, Hillary, , ,		Oppose	<b>X</b> Pr	esident	Senate	State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	397073.99	Disburse	7	r: Prima	ry <b>X</b> General
Full Name of Payee		Memo	Item D			n/Dissemination
National Council of La Raza				M M M	/ 01	/ Y Y Y Y Y Z Y Z 2016
Mailing Address 1126 16th St NW			A	nount		
Ste 600	04-4-	7:- 0-1-	r			2297.21
City Washington	State	Zip Code 20036-4845		ransacti	on ID : VSGF2	
Purpose of Expenditure			D		sbursement or	
Payment for Salary, Benefits & Other Canvass Rel 10/1-11/8	ated Cost:	Category/ Type 001		10	13	2016
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought:	House	District:
Clinton, Hillary, , ,		Oppose	<b>X</b> Pr	esident	Senate	State:
Calendar Year-To-Date Per Election for Office Sought		397073.99	Disburse	7		ry <b>X</b> General
, <u> </u>	1 1 1 1			Other	(specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	·		•		, ,	17089.15
(a) SUBTOTAL of Unitemized Independent Expenditu	res		• •		, , ,	
(a) 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					

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Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 25 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		"M / D "D / Y "Y "Y "Y
Chook ii 24 hour report	- Now Topo	7 mondo ropo	Tr mod on	
Full Name of Payee Nordlund, Jared, , ,		☐ Memo		of Public Distribution/Dissemination
Mailing Address 5449 S Semoran Blvd			Amou	لننبا لبا لن
Ste 233	0	7. 0. 1		7000 00
City	State	Zip Code	Tron	7922.28
Orlando	FL	32822-1779		saction ID : VSGF29T7VN0 of Disbursement or Obligation
Purpose of Expenditure Reimb. Canvassing Equipment and Supplies; ultima was Amazon	te payee	Category/ Type 006		10 06 7 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>x</b> Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	397073.99	Disbursemer 2016	nt For:  Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Nordlund, Jared, , ,			Г	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5449 S Semoran Blvd				
Ste 233			Amou	nt
City	State	Zip Code		23.95
Orlando	FL	32822-1779		saction ID: VSGF29T4NW9 of Disbursement or Obligation
Purpose of Expenditure Actual Payment amount of Reimb. Prepaid Debit C payee was Walgreens	ard; ultimate	Category/ Type 006		10 14 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>X</b> Presid	ent Senate State:
Calendar Year-To-Date		397073.99	Disbursemer	nt For: Primary Seneral
Per Election for Office Sought	7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [	7946.23
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) 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	te or authorized			
Gonzalez, Lawrence, , ,	Electronically Fil	ed]	M = M /	07 2016
Signature		Date	12	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 25 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 Y
Full Name of Payee One Vanilla Card		☐ Memo	Item Date	of Public Distribution/Dissemination
				10 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 826			Amo	unt
City	State	Zip Code		1000.00
Fortson	GA	31808-0826		saction ID : VSGF29T90Z0 of Disbursement or Obligation
Purpose of Expenditure Prepaid Debit Card		Category/ Type 006		10 / 12 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		<b>✗</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date		397073.99	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 1 7	391013.99	2016	Other (specify) ▶
Full Name of Payee Pandora		☐ Memo	Item Date	of Public Distribution/Dissemination
randora				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2101 Webster St			Amo	unt
Ste 1650	Ta			
City Oakland	State	Zip Code 94612-3015		3000.00  nsaction ID : VSGF29TA2N3  of Disbursement or Obligation
Purpose of Expenditure Radio Advertising Services		Category/ Type 004		M M / 07 / 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	ht: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		397073.99	Disburseme	
To Elocion to Cond Coagni	1 1			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				4000.00
(a) SUBTUTAL OF REMIZED INDEPENDENT EXPENDITURES			•	4000.00
(a) SUBTOTAL of Unitemized Independent Expenditur	es			
(a) 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	edl -	M = M /	D D / Y Y Y Y Y
Signature	,	_ Date	12	07 2016

Gonzalez, Lawrence, , ,

Signature

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					FOR LINE	24 OF FORM 3X
ME OF COMMITTEE (In Full)				FEC	IDENTIFICA	ΓΙΟΝ NUMBER ▼
ICLR Action PAC				C	C0062639	00
neck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M M	/ D D	YYYY
Full Name of Payee Professionals for Non-Profits		<b>X</b> Memo	Item	M = M	/ D D	n/Dissemination
Mailing Address 515 Madison Ave				10 Amount	01	2016
City	State	Zip Code		Amount		280854.01
New York	NY	10022-5400			n ID : VSGF2 bursement or	9VK6M5
Purpose of Expenditure Estimated Cost: Canvassing Services 10/1-11/8		Category/ Type 001		M M M	/ D D	/ Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought:	House	District:
TRUMP, DONALD J., , ,		x Oppose	×	President	Senate	State:
Calendar Year-To-Date Per Election for Office Sought	7 7	397073.99	Disbu 2016	Other (	Prima	ry <b>X</b> General
Full Name of Payee Professionals for Non-Profits		☐ Memo	Item	Date of Pub	olic Distributio	n/Dissemination
Mailing Address 515 Madison Ave				Amount		
City	State	Zip Code				9574.99
New York	NY	10022-5400			n ID : VSGF2 bursement or	
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/ Type 006		10	/ 14	2016
Name of Federal Candidate:		Support	Office	Sought:	House	District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	×	President	Senate	State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	397073.99	Disbu 2016	Other (	Prima	ry <b>X</b> General
			l			
(a) SUBTOTAL of Itemized Independent Expenditures	S		•		7	9574.99
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres		•		,	
(a) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid						

[Electronically Filed]

2016

07

12

Date

				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		☐ Mem	o Item	Date of Public Distribution/Dissemination
Solidarity Strategies				10
Mailing Address 1090 Vermont Ave NW				Amount
Ste 300				Amount
City	State	Zip Code		500.00
Washington	DC	20005-4966		Transaction ID: VSGF29TA2J0 Date of Disbursement or Obligation
Purpose of Expenditure Production Cost Radio Ad		Category/ Type 00	04	10 07 7 2016
Name of Federal Candidate:		Support	Office	e Sought: House District:
TRUMP, DONALD J., , ,		<b>x</b> Oppose	×	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	397073.99	Disbu 2016	ursement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Mem	o Item	Date of Public Distribution/Dissemination
Solidarity Strategies				10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1090 Vermont Ave NW				
Ste 300				Amount
City	State	Zip Code		500.00
Washington	DC	20005-4966		Transaction ID : VSGF29TA2K7 Date of Disbursement or Obligation
Purpose of Expenditure Production Cost Online Advertisement		Category/ Type 00	)4	10 D D D 2016
Name of Federal Candidate:		<b>x</b> Support	Office	e Sought: House District:
Clinton, Hillary, , ,		Oppose	x	President Senate State:
Calendar Year-To-Date		397073.99	1	ursement For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7-	397073.99	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	1000.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(a) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its	te or authorized			
Gonzalez, Lawrence, , ,	Electronically File	ed] _	М	2 07 2016
Signature		Da Da	ite 1	2 07 2016

FEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 25 FOR LINE 24 OF FORM 3X
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 48-hour report				
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Solidarity Strategies				10 18 2016
Mailing Address 1090 Vermont Ave NW			An	nount
Ste 300				lount
City	State	Zip Code		29000.00
Washington	DC	20005-4966		ansaction ID: VSGF29T7E99 te of Disbursement or Obligation
Purpose of Expenditure Event Planning Consultancy Services		Category/ Type 007		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		<b>X</b> Support	Office So	ught: House District:
Clinton, Hillary, , ,		Oppose	<b>x</b> Pre	
Calendar Year-To-Date Per Election for Office Sought	7	397073.99	Disburser 2016	ment For:  Primary
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
Tan Hame S. Layes		_ Wellie		M M / D D / Y Y Y Y
Mailing Address				
Walling Address			An	nount
City	State	Zip Code		
			Do	ite of Disbursement or Obligation
Purpose of Expenditure	-	Category/		M M / D D / Y Y Y Y
		Type		
Name of Federal Candidate:		Support	Office So	ught: House District:
		Oppose	Pre	esident Senate State:
Calendar Year-To-Date			Disburser	ment For: Primary General
Per Election for Office Sought	77-			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	29000.00
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures			•	91504.75
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 Y Y 2016
Signature		Date	12	07 2016