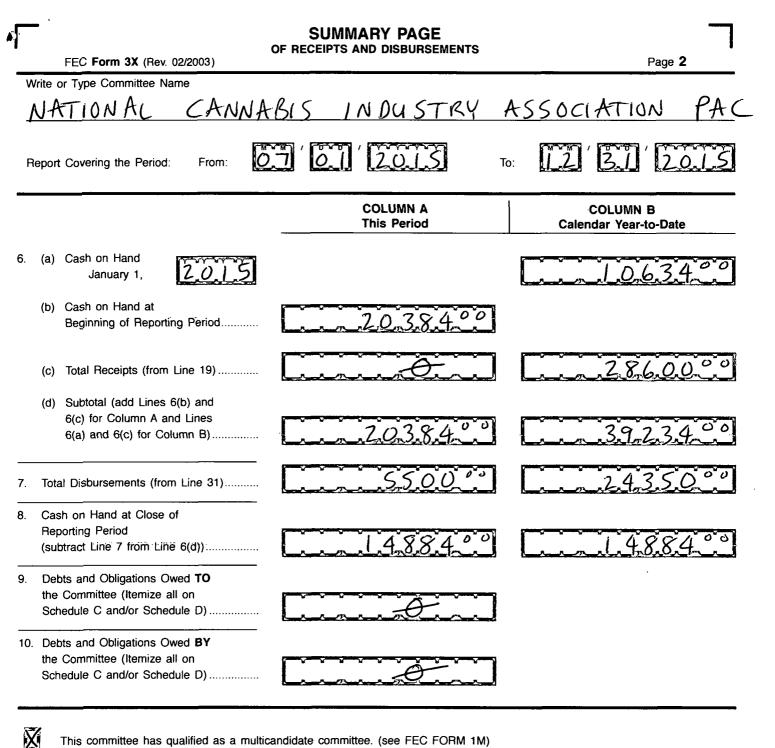
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۴ FEC		DRT OF	REC	EIPTS			RECEIVE	<b>I</b>
FORM 3X		r Than An Au				FEC	MAIL CE	INTER
1. NAME OF COMMITTEE (in f	TYPE OR ull)	PRINT V		ple: If typin he lines.	g, type	2016. 12FE4M		
WATIONAI	LICANNA	B15 11	NDUS	TIRIY	$A_{1}S_{1}S_{1}O_{1}$	$C_{I}A_{T}$	$i_1O_1N_1_1P$	AC
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than previous reported. (AC	$(w_A_S)$	HINGT	Ô.N.	I		DICI	200001	
2. FEC IDENTIFICA		, <u>с</u>		<u> </u>	S		ZIP (	
C0052	8026		is this Report		IEW N) <b>OR</b>	AN (A)	IENDED	
<ul> <li>4. TYPE OF REP (Choose One)</li> <li>(a) Quarterly Rep</li> </ul>		port 🔲 🖸	eb 20 (M2) ar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Report (Q1)	Ar	or 20 (M4)	J	ul 20 (M7)	Oct :	20 (M10)	Jan 31 (YE)
July 15	Report (Q2)	12-Day <b>PRE</b> -Election		rimary (12P)		General	(12G)	Runoff (12R)
October		Report for the:		onvention (1	12C)	Special (	12S)	
January 3		Elec	tion on	M • M /		****	in th State	
July 31 M	Aid-Year (d)	30-Day POST-Election	G	ieneral (30G	à)	Runoff (3	BOR)	Special (30S)
Terminati (TER)	on Report	Report for the: Elec	tion on	M N /		Y B Y B Y B Y	in th Stat	ne of
5. Covering Period	010	i ' 2.0.1	5	through	12	′ <u>3</u> ,(	2019	5
I certify that I have ex		-	-			e, correct and	d complete.	
Type or Print Name of	Treasurer	11C4AE	L (	CORR	EIA			
Signature of Treasurer	M	e C	Ĺ	<u> </u>	Da	ate <u>Ø</u>	2.8	2016
NOTE: Submission of fa	alse, erroneous, or ir	complete informat	ion may subj	ject the pers	son signing thi	s Report to th	ne penalties of	52 U.S.C. § 30109.
Office Use Only								2/2004

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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

<u>.</u>	- ` D	ETAILED SUMMARY PAGE	Г
	FEC Form 3X (Rev. 06/2004)	of Receipts	Page <b>3</b>
	Irite or Type Committee Name		
1	VATIONAL CANNABI	IS INDUSTRY ,	ASSOCIATION PAC
R	eport Covering the Period: From:	7 011 2013	$TO: \left[ \frac{1}{2} \right] \left( \frac{3}{3} \right) \left( \frac{2015}{2015} \right)$
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12. 13. 14. 15.	<ul> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other Than Political Committees <ul> <li>(i) Itemized (use Schedule A)</li></ul></li></ul>	Contractions of the second sec	$     \begin{array}{c}       20500^{\circ} \\       300^{\circ} \\       23600^{\circ} \\       0 \\       0 \\       5000^{\circ} \\       5000^{\circ} \\       5000^{\circ} \\       0 \\  $
	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))		
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	[	<u>28,600</u> °°

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### DETAILED SUMMARY PAGE

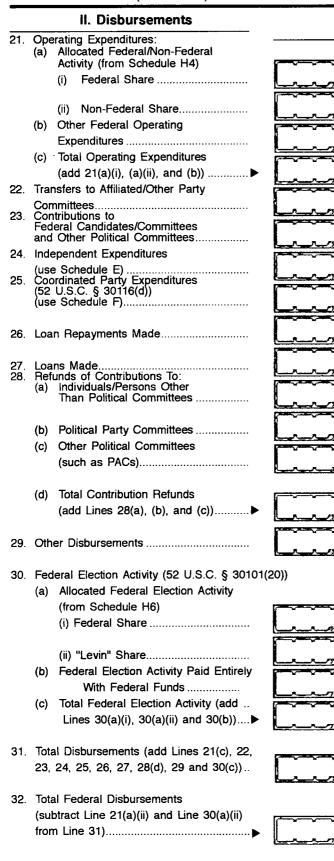
of Disbursements

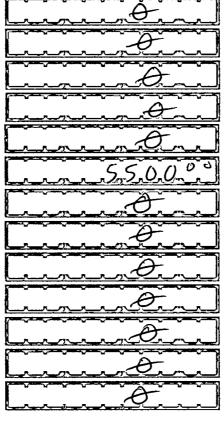
FEC Form 3X (Rev. 02/2003)

#### COLUMN A Total This Period

## Page 4

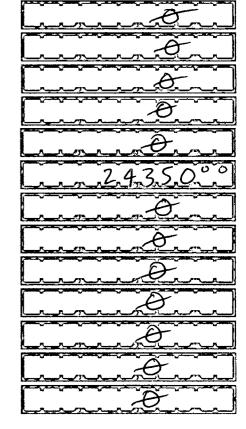


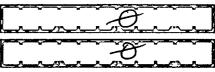


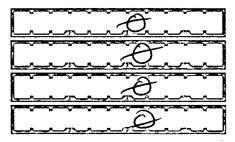


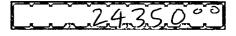


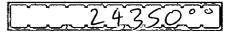
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#### DETAILED SUMMARY PAGE

of Disbursements

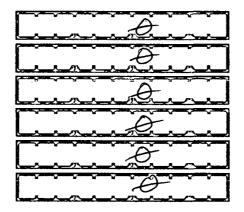
COLUMN A

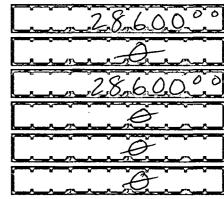
**Total This Period** 

FEC Form 3X (Rev. 02/2003)

# III. Net Contributions/Operating Expenditures

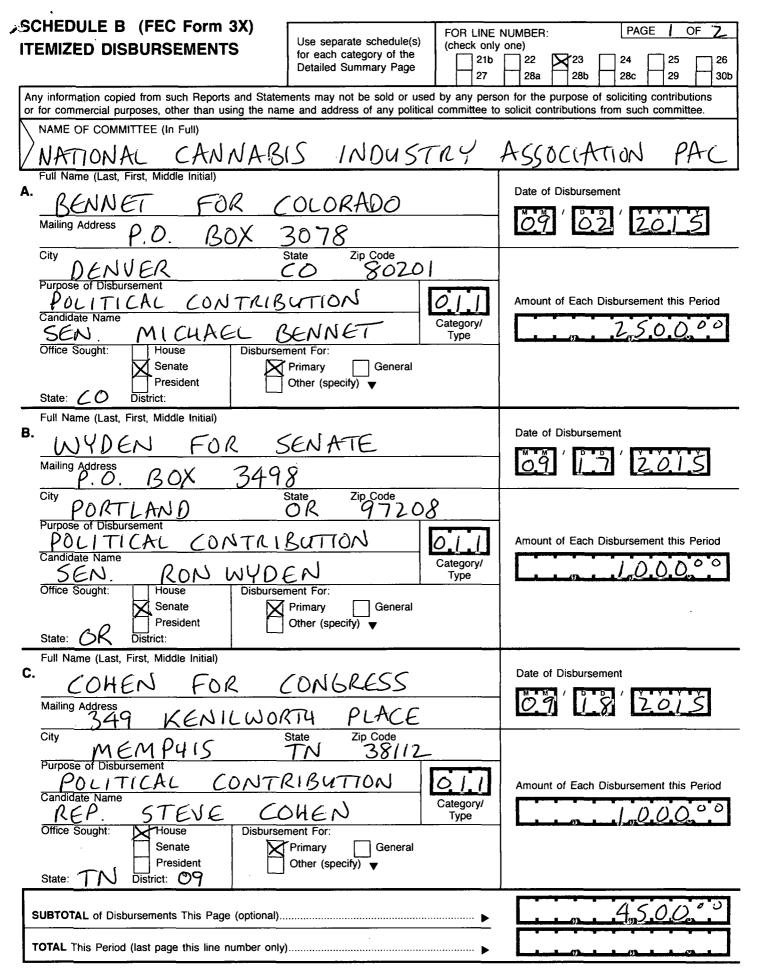
- 37. Offsets to Operating Expenditures (from Line 15, page 3)......38. Net Operating Expenditures
- (subtract Line 37 from Line 36) .....





Page 5

COLUMN B Calendar Year-to-Date



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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)         A.         MC (LIN TOCK)         Foll Name (Last, First, Middle Initial)         A.         Mailing Address         City       State         POLITICAL       CONTRIBUTION         Candidate Name       OM         Category!       Type         Office Sought:       House         Disbursement For:       Senate         Senate       President For:         Senate       President For:         Senate       President Got (Specify) ▼         Full Name (Last, First, Middle Initial)       Date of Disbursement         Gity       State       Zip Code         Purpos	6 0b
Detailed Summary Page         27       28a       28c       29       3         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       CANNABIS       INDU STRY       AS SOCIATION       PAC         Full Name (Last, First, Middle Initial)       A.       MC_LLINTOCK       FOR       CON 6RESS       Date of Disbursement         Mailing Address       City       State       Zip Code       TO       2.8       2.015         Purpose of Disbursement       Mount of Each Disbursement for:       Senate       Senate       President         State: CA       District: 04       Other (specify) ▼       General       Date of Disbursement         Mailing Address       Other (specify) ▼       Amount of Each Disbursement this Period         City       Senate       President       Other (specify) ▼       Amount of Each Disbursement         Senate       President       Other (specify) ▼       Amount of Each Disbursement       Senate         City       Senate       Disbursement For:       Disbursement       Amount of Each Disbursement         Gity       State: CA	
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)         NATIONAL       CANNABIS         INDUSTRY       ASSOCIATION         Full Name (Last, First, Middle Initial)         A.       MCCLINTOCK         Mailing Address         City       State         POCKLIN       CANTRIBUTION         Office Sought:       Mailing Address         Office Sought:       House         Disbursement       Disbursement For:         Senate       President         Office Sought:       House         Disbursement       Other (specify)         State:       CA         Disbursement For:       Senate         President       Other (specify)         State:       CA         District:       04         Propose of Disbursement       District:         Mailing Address       District:         City       State         ZIP Code       President         Amount of Each Disbursement         District:       04         Purpose of Disbursement         City       State         City       Stat	
NATIONAL       CANNABIS       INDUSTRY       ASSOCIATION       PAC         Full Name (Last, First, Middle Initial)       A.       MCCLINTOCK       FOR       CON6RESS       Date of Disbursement         Mailing Address       P.O.       BOX       1198       IO       28'       2015'         City       State       Zip Code       IO       28'       2015'         Purpose of Disbursement       POLITICAL       CONTRIBUTION       OII       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       Senate       Disbursement For:       President       President       Other (specify) ▼         State:       CA       District: O4       President       Other (specify) ▼       Date of Disbursement         Mailing Address       City       State       Zip Code       Date of Disbursement       Amount of Each Disbursement         City       State:       CA       District: O4       President       Amount of Each Disbursement         B.       Mailing Address       Amount of Each Disbursement       Amount of Each Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period	
Full Name (Last, First, Middle Initial)       A.       Mc CLINTOCK FOR CONGRESS       Date of Disbursement         Mailing Address       BOX 1198       10 28 2015         City       ROCKUN       CA       95677         Purpose of Disbursement       POLITICAL CONTRIBUTION       011       Amount of Each Disbursement this Period         Candidate Name       MC CLINTOCK       TOM       MC CLINTOCK       Type         Office Sought:       House       Disbursement For:       Senate       Primary       General         Office Sought:       House       Disbursement For:       Senate       Primary       General       Date of Disbursement         State:       CA       District: 04       Other (specify) ▼       Amount of Each Disbursement       Date of Disbursement         Mailing Address       City       State       Zip Code       Amount of Each Disbursement this Period         Mailing Address       City       State       Zip Code       Amount of Each Disbursement this Period	
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State: District: Other (specify) ▼	
Full Name (Last, First, Middle Initial)	
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# Hand Delivered

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Hand Delivered	1/29/2016
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Date Other (Specify):	of Receipt or Postmarked
DEFRARE MP	1/29/2016
PREPARER //// (3/2015)	DATE PREPARED