

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 **10 / 24 / 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**

FEC Form 3X (Rev. 05/2016)

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="2552.64"/> | |

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NCLR Action PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2016 To: M M / D D / Y Y Y Y Y 10 / 19 / 2016

| 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

FEC Form 3X (Rev. 05/2016)

Page 4

| 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

FEC Form 3X (Rev. 05/2016)

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: PAGE 6 OF 24
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NCLR Action Fund

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NCLR Action Fund

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

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

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 24 |
| <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 / D D / 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 / D D / 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 / D D / 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 [REDACTED] Transaction ID : VSGF29TDJ3 Amount of Each Disbursement this Period [REDACTED] 435.63 | |
| City Sicklerville | State NJ | Zip Code 08081-9546 | Category/Type [REDACTED] |
| Purpose of Disbursement Reimbursement - Travel and Lodging | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| Candidate Name | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | | |
|---|----------|---|--|
| 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 [REDACTED] Transaction ID : VSGF29TKAC Amount of Each Disbursement this Period [REDACTED] 347.73 | |
| City Norwalk | State CT | Zip Code 06854-1631 | Category/Type [REDACTED] |
| Purpose of Disbursement Travel | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| Candidate Name | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | | |
|---|----------|---|--|
| 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 [REDACTED] Transaction ID : VSGF29TA41 Amount of Each Disbursement this Period [REDACTED] 937.80 | |
| City Washington | State DC | Zip Code 20013-0357 | Category/Type [REDACTED] |
| Purpose of Disbursement Compliance Services | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| Candidate Name | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [REDACTED] 1373.43 |
| 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. 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 [] Transaction ID : VSGF29TBDI Amount of Each Disbursement this Period 18722.00 |
| City Washington | State DC | Zip Code 20036-4845 |
| Purpose of Disbursement Administrative Staff Salaries and Related Costs | | Category/ Type [] |
| 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. NCLR Action Fund | | Date of Disbursement MM / DD / YYYY 10 / 07 / 2016 |
| Mailing Address 1126 16th St NW Ste 600 | | FEC Identification Number C [] Transaction ID : VSGF29TA3R Amount of Each Disbursement this Period 2500.00 |
| City Washington | State DC | Zip Code 20036-4845 |
| Purpose of Disbursement Reimbursement - Compliance Services | | Category/ Type [] |
| 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. NGP VAN, Inc. | | Date of Disbursement MM / DD / YYYY 10 / 07 / 2016 |
| Mailing Address 1101 15th St NW Ste 500 | | FEC Identification Number C [] Transaction ID : VSGF29TA3I Amount of Each Disbursement this Period 225.00 |
| City Washington | State DC | Zip Code 20005-5006 |
| Purpose of Disbursement Database Services | | Category/ Type [] |
| 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).....▶ | 21447.00 |
| 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. Ortega, Daniel, , , Jr. | | | Date of Disbursement MM / DD / YYYY 10 / 18 / 2016 | | |
| Mailing Address 361 E Coronado Rd Ste 101 | | | FEC Identification Number C [] Transaction ID : VSGF29TEM | | |
| City Phoenix | State AZ | Zip Code 85004-1525 | Amount of Each Disbursement this Period [] 570.77 | | |
| 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) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|--|----------------------|--|
| Full Name (Last, First, Middle Initial) B. Southwest Airlines | | | Date of Disbursement MM / DD / YYYY 10 / 17 / 2016 | | |
| Mailing Address P.O. Box 36647-1CR | | | FEC Identification Number C [] Transaction ID : VSGF29TKAJ | | |
| City Dallas | State TX | Zip Code 75235 | Amount of Each Disbursement this Period [] 481.96 | | |
| 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) ▼ | | Memo Item <input checked="" type="checkbox"/> | | |
| State: District: | | | | | |

| | | | | | |
|---|--|----------------|--|----------------------|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement MM / DD / YYYY | | |
| Mailing Address | | | FEC Identification Number C [] | | |
| City | State | Zip Code | Amount of Each Disbursement this Period [] | | |
| Purpose of Disbursement | | 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) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: District: | | | | | |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 570.77 |
| TOTAL This Period (last page this line number only).....▶ | [] 23391.20 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 11 OF 24 |
| | 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 66.05 | Outstanding Balance at Close of This Period 181.18 |

| | | | |
|---|-------------|------------------------|---|
| 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)..... ▶ | 661.31 |
| 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 24 |
| | 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 <input type="text" value="0.00"/> | Transaction ID : VSEGJ9H8D05 | |
| Amount Incurred This Period <input type="text" value="1000.10"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="0.00"/> | Transaction ID : VSEGJ9H8DJ7 | |
| Amount Incurred This Period <input type="text" value="891.23"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="891.23"/> |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | |
|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | | |
| Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="1891.33"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="2552.64"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="2552.64"/> |

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: 397007.94
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: 397007.94
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, , [Electronically Filed] Date 10/24/2016
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
Carrier, Natalie, ,
Memo Item
Date of Public Distribution/Dissemination
10 / 05 / 2016
Mailing Address
790 NW 107th Ave
Amount
24.96
City
Miami State
FL Zip Code
33172-3130
Purpose of Expenditure
Reimb: Canvassing Transportation ultimate payee Orion Fuels
Category/Type
006
Transaction ID : VSGF29TBW49
Date of Disbursement or Obligation
10 / 11 / 2016

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

Full Name of Payee
Carrier, Natalie, ,
Memo Item
Date of Public Distribution/Dissemination
10 / 12 / 2016
Mailing Address
790 NW 107th Ave
Amount
13.90
City
Miami State
FL Zip Code
33172-3130
Purpose of Expenditure
Reimb: Canvassing Supplies ultimate payee Target
Category/Type
006
Transaction ID : VSGF29TDJ60
Date of Disbursement or Obligation
10 / 14 / 2016

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

(a) SUBTOTAL of Itemized Independent Expenditures 38.86
(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
10 / 24 / 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
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, ,
[Electronically Filed]
Date 10 / 24 / 2016
Signature

**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; display: inline-block;"> C C00626390 </div> |
|---|---|

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 Carrier, Natalie, , , * | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 17 / 2016 </div> | | | |
| Mailing Address 790 NW 107th Ave | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 108.58 </div> | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Miami</td> <td style="width:17%; padding: 2px;">State FL</td> <td style="width:50%; padding: 2px;">Zip Code 33172-3130</td> </tr> </table> | | City Miami | State FL | Zip Code 33172-3130 |
| City Miami | | State FL | Zip Code 33172-3130 | |
| Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee Shell and AFP Group | | | | |
| 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 397007.94 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | |

| | | | | |
|--|---|---------------|------------------------|------------------------|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Carrier, Natalie, , , * | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 18 / 2016 </div> | | | |
| Mailing Address 790 NW 107th Ave | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 72.60 </div> | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Miami</td> <td style="width:17%; padding: 2px;">State FL</td> <td style="width:50%; padding: 2px;">Zip Code 33172-3130</td> </tr> </table> | | City Miami | State FL | Zip Code 33172-3130 |
| City Miami | | State FL | Zip Code 33172-3130 | |
| Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee AFP Group and Finishline Petroleum | | | | |
| 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 397007.94 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> |
| (a) TOTAL Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </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

10 / 24 / 2016

Signature

**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> |
|---|---|

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 <div style="border: 1px solid black; padding: 2px; text-align: right;">24468.00</div> Transaction ID : VSGF29T3Y18 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Atlanta</td> <td>GA</td> <td>30384-2383</td> </tr> </table> | | City | State | Zip Code | Atlanta | GA | 30384-2383 |
| City | | State | Zip Code | | | | |
| Atlanta | GA | 30384-2383 | | | | | |
| Purpose of Expenditure Estimated Cost: Carvass Transportation | | | | | | | |
| 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 397007.94 | 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 <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> Transaction ID : VSGF29TA2P1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2016 | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Menlo Park</td> <td>CA</td> <td>94025-1452</td> </tr> </table> | | City | State | Zip Code | Menlo Park | CA | 94025-1452 |
| City | | State | Zip Code | | | | |
| Menlo Park | CA | 94025-1452 | | | | | |
| Purpose of Expenditure Online Advertising Services | | | | | | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , , | 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 397007.94 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</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;"> </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
10 / 24 / 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., ,
Disbursement For: 397007.94
Date of Public Distribution/Dissemination 10/11/2016
Amount 1000.00
Transaction ID: VSGF29T90W6
Date of Disbursement or Obligation 10/07/2016
Office Sought: [X] President [] House [] Senate
State: District:
[] 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., ,
Disbursement For: 397007.94
Date of Public Distribution/Dissemination 10/01/2016
Amount 11195.00
Transaction ID: VSGF29T3Y26
Date of Disbursement or Obligation 10/13/2016
Office Sought: [X] President [] House [] Senate
State: District:
[] 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.

Gonzalez, Lawrence, ,
Signature

[Electronically Filed]

Date 10/24/2016

**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; display: inline-block;"> C C00626390 </div> |
|---|---|

Check if 24-hour report 48-hour report ➤
 New report Amends report filed on MM / DD / YYYY

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item National Council of La Raza | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016 |
| Mailing Address 1126 16th St NW Ste 600 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">350.00</div> Transaction ID : VSGF29T4JN7 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016 |
| City Washington State DC Zip Code 20036-4845 | |
| Purpose of Expenditure Payment for Equipment Rental - Canvass Category/Type 001 | |
| 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 397007.94 | 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 MM / DD / YYYY 10 / 01 / 2016 |
| Mailing Address 1126 16th St NW Ste 600 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26278.00</div> Transaction ID : VSGF29T4J51 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2016 |
| 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 001 | |
| 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 397007.94 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">26628.00</div> |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (a) TOTAL Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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

MM / DD / YYYY
10 / 24 / 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: 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
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 7922.28
Transaction ID: VSGF29T7VNO
Date of Disbursement or Obligation: 10/06/2016
Name of Federal Candidate: TRUMP, DONALD J., , Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 397007.94

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
Date of Public Distribution/Dissemination: 10/01/2016
Amount: 23.95
Transaction ID: VSGF29T4NW9
Date of Disbursement or Obligation: 10/14/2016
Name of Federal Candidate: TRUMP, DONALD J., , Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 397007.94

(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, ,

[Electronically Filed]

Date

10 / 24 / 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 <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 State: _____ |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 397007.94 | 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 State: _____ |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 397007.94 | 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, , ,

[Electronically Filed]

Date

/ /

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: Professionals for Non-Profits
Mailing Address: 515 Madison Ave
City: New York, State: NY, Zip Code: 10022-5400
Purpose of Expenditure: Estimated Cost: Canvassing Services 10/1-11/8
Category/Type: 001
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: Professionals for Non-Profits
Mailing Address: 515 Madison Ave
City: New York, State: NY, Zip Code: 10022-5400
Purpose of Expenditure: Payment for Canvassing Services 10/1-11/8
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 9574.99
(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, , ,

[Electronically Filed]

Date

10 / 24 / 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 Memo Item
Solidarity Strategies
Mailing Address 1090 Vermont Ave NW Ste 300
City Washington State DC Zip Code 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: Support Oppose
TRUMP, DONALD J., ,
Office Sought: House Senate State:
President
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Memo Item
Solidarity Strategies
Mailing Address 1090 Vermont Ave NW Ste 300
City Washington State DC Zip Code 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: Support Oppose
Clinton, Hillary, ,
Office Sought: House Senate State:
President
Disbursement For: Primary 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, ,

[Electronically Filed]

Date

10/24/2016

Signature

**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; display: inline-block;"> C C00626390 </div> |
|---|---|

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 M M / D D / Y Y Y Y Y Y 10 / 18 / 2016 | | |
| Mailing Address 1090 Vermont Ave NW Ste 300 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 29000.00 </div> | | |
| City Washington | State DC | Zip Code 20005-4966 | | | |
| Purpose of Expenditure Event Planning Consultancy Services | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div> | Transaction ID : VSGF29T7E99 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | | |
| Name of Federal Candidate: Clinton, Hillary, , , | | | 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 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 397007.94 </div> | | | | | |

| | | | | | |
|---|-------|---|---|--|--|
| 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; display: inline-block; width: 100%;"> _____ </div> | | |
| City | State | Zip Code | | | |
| Purpose of Expenditure | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | | |
| 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) ▶ _____ | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> _____ </div> | | | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 29000.00 </div> |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> _____ </div> |
| (a) TOTAL Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 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.

Signature Gonzalez, Lawrence, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2016