

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.

SIERRA CLUB INDEPENDENT ACTION

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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)
- Mar 20 (M3)
- Apr 20 (M4)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period / / through / /

05 / 01 / 2016 through 05 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Nemerov

Signature of Treasurer Mary Nemerov [Electronically Filed] Date / /

06 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SIERRA CLUB INDEPENDENT ACTION

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="136256.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="165953.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5000.00"/>	<input type="text" value="115000.00"/>
(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="170953.06"/>	<input type="text" value="251256.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="512.69"/>	<input type="text" value="80816.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="170440.37"/>	<input type="text" value="170440.37"/>
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="0.00"/>	

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. 06/2004)

Page 3

Write or Type Committee Name

SIERRA CLUB INDEPENDENT ACTION

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2016 To: M M / D D / Y Y Y Y 05 / 31 / 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).....	5000.00	115000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5000.00	115000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5000.00	115000.00
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))..... ▶	5000.00	115000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5000.00	115000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-2565.79	7148.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-2565.79	7148.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	20000.00
24. Independent Expenditures (use Schedule E)	3078.48	53667.78
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	512.69	80816.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	512.69	80816.21

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	115000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	115000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-2565.79	7148.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-2565.79	7148.43

**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 13
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
SIERRA CLUB INDEPENDENT ACTION

A. Robert Burnett
Full Name (Last, First, Middle Initial)
Mailing Address 828 Arlington Ave
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. C
Name of Employer None Occupation Retired
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 10000.00

Date of Receipt 04 / 19 / 2016
Transaction ID : SA11AI.4283
Amount of Each Receipt this Period 5000.00
 Memo Item
Updated Contributor Information

B. Robert Burnett
Full Name (Last, First, Middle Initial)
Mailing Address 828 Arlington Ave
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. C
Name of Employer None Occupation Retired
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 10000.00

Date of Receipt 04 / 19 / 2016
Transaction ID : SA11AI.4284
Amount of Each Receipt this Period 5000.00
 Memo Item
Updated Contributor Information

C. Douglas Legum
Full Name (Last, First, Middle Initial)
Mailing Address 8207 Maple Ridge Rd
City Bethesda State MD Zip Code 20814
FEC ID number of contributing federal political committee. C
Name of Employer Information requested Occupation Information requested
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt 05 / 03 / 2016
Transaction ID : SA11AI.9163
Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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"/> 24	<input type="checkbox"/> 25	<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)
SIERRA CLUB INDEPENDENT ACTION

Full Name (Last, First, Middle Initial)

A. Melissa Lee

Mailing Address 85 2nd St, 2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Salaries & Benefits

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4294

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Karissa Sellman

Mailing Address 85 2nd St, 2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Salaries & Benefits

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4299

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Sierra Club

Mailing Address 85 2nd St, 2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Payment allocated & reported on line 21

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4318

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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"/> 24	<input type="checkbox"/> 25	<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

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)
SIERRA CLUB INDEPENDENT ACTION

Full Name (Last, First, Middle Initial)

A. Sierra Club

Mailing Address 85 2nd St, 2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Payment allocated & reported on line 24

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SB21B.4319

Amount of Each Disbursement this Period

-2565.79

Memo Item

Full Name (Last, First, Middle Initial)

B. Kaitlyn Silveira

Mailing Address 85 2nd St, 2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Salaries & Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : SB21B.4300

Amount of Each Disbursement this Period

20.08

Memo Item

Full Name (Last, First, Middle Initial)

C. Dave Thack

Mailing Address 50 F St, NW, 8th Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
Salaries & Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

34.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

-2510.98

TOTAL This Period (last page this line number only)..... ▶

-2565.79

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SIERRA CLUB INDEPENDENT ACTION	FEC IDENTIFICATION NUMBER ▼ C C00483693
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Adam Beitman <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 50 F St, NW, 8th Floor	Amount 1001.01
City State Zip Code Washington DC 20001	Transaction ID : SE.4308 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 31 / 2016
Purpose of Expenditure Salaries & Benefits	Category/Type 001
Name of Federal Candidate DONALD J. TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought 2426.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Jim Bradbury <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 2101 Webster St, Suite 1300	Amount 430.54
City State Zip Code Oakland CA 94612	Transaction ID : SE.4305 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 31 / 2016
Purpose of Expenditure Salaries & Benefits	Category/Type 001
Name of Federal Candidate DONALD J. TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought 1425.39	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1431.55
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Mary Nemerov [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SIERRA CLUB INDEPENDENT ACTION
FEC IDENTIFICATION NUMBER C C00483693
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Brian Dockstader
Mailing Address 50 F St, NW, 8th Floor
City Washington State DC Zip Code 20001
Purpose of Expenditure Reimbursement for Online Photo Services Category/Type 011
Name of Federal Candidate DONALD J. TRUMP
Calendar Year-To-Date Per Election for Office Sought 280.05
Date of Public Distribution/Dissemination
Amount 12.69
Transaction ID : SE.9164
Date of Disbursement or Obligation 05 / 23 / 2016
Office Sought: House District: 00
Disbursement For: Primary General 2016

Full Name of Payee Brian Dockstader
Mailing Address 50 F St, NW, 8th Floor
City Washington State DC Zip Code 20001
Purpose of Expenditure Salaries & Benefits Category/Type 001
Name of Federal Candidate DONALD J. TRUMP
Calendar Year-To-Date Per Election for Office Sought 994.85
Date of Public Distribution/Dissemination
Amount 214.80
Transaction ID : SE.4303
Date of Disbursement or Obligation 05 / 31 / 2016
Office Sought: House District: 00
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 227.49
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
Mary Nemerov [Electronically Filed] Date 06 / 20 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SIERRA CLUB INDEPENDENT ACTION	FEC IDENTIFICATION NUMBER ▼ C C00483693
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee iStock <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 75 Varick St.1 Hudson Sq., 5th Flr	Amount 12.69
City State Zip Code New York NY 10013	Transaction ID : SE.9165 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 23 / 2016
Purpose of Expenditure Online Photo Services	Category/Type 011
Name of Federal Candidate DONALD J. TRUMP	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 280.05	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Trey Pollard <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 50 F St, NW, 8th Floor	Amount 267.36
City State Zip Code Washington DC 20001	Transaction ID : SE.4310 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 15 / 2016
Purpose of Expenditure Salaries & Benefits	Category/Type 001
Name of Federal Candidate DONALD J. TRUMP	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 267.36	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	267.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Mary Nemerov [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SIERRA CLUB INDEPENDENT ACTION		FEC IDENTIFICATION NUMBER ▼ C C00483693
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Trey Pollard		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 50 F St, NW, 8th Floor			Amount 490.16
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4311
Purpose of Expenditure Salaries & Benefits	Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		2916.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Holly Shulman		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 50 F St, NW, 8th Floor			Amount 161.92
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4312
Purpose of Expenditure Salaries & Benefits	Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		3078.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	652.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Mary Nemerov
Signature

[Electronically Filed]

Date 06 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SIERRA CLUB INDEPENDENT ACTION	FEC IDENTIFICATION NUMBER ▼ C C00483693
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Javier Sierra	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 1600 N. Oak St. #715		Amount 500.00
City Arlington	State VA	Zip Code 22209
Purpose of Expenditure Salaries & Benefits	Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 26 / 2016
Name of Federal Candidate DONALD J. TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 780.05	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type 	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) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3078.48

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.

Mary Nemerov
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
06 / 20 / 2016