24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC	C C00626390
Check if 24-hour report X 48-hour report New report X Amends report filed	on 10 / 03 / 2016
Full Name of Payee	Date of Public Distribution/Dissemination
Carlier, Natalie, , , [MEMO ITEM]	10 01 7 2016
Mailing Address 790 NW 107th Ave	Amount
City State Zip Code Miami FL 33172-3130	34.99 Transaction ID: VSGF29WMKK5
	Date of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Supplies; ultimate payee was Target & AFP Group Category/ Type 006	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
TRUMP, DONALD J., , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbur 2016	rsement For: Primary Seneral
	Other (specify) -
Full Name of Payee Enterprise	Date of Public Distribution/Dissemination
[MEMO ITEM] * Amount Amended from Estimate to Match Actuals Mailing Address PO Box 402383	10 01 2016
Mailing Address PO Box 402383	Amount
City State Zip Code	9575.26
Atlanta GA 30384-2383	Transaction ID : VSGF29WMHK0 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/ O02	M M / D D / Y Y Y Y Y
Canvass Transportation Type 002	
	Sought: House District:
TRUMP, DONALD J., , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary General
rei Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	0
(1) OURTON (1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Gonzalez, Lawrence, , ,	M / D D / Y Y Y Y Y
Signature [Electronically Filed] Date 06	5 05 2017

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	/LIVI L/VI LIVE	1101120		PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
NCLR Action PAC				C00626390
Check if 24-hour report x 48-hour report	New rep	port X Amends repo	rt filed on 10	03 2016
Full Name of Payee Enterprise				c Distribution/Dissemination
	d from Estimate to Ma	tch Actuals	10	01 2016
FO DOX 402303			Amount	
City	State	Zip Code		9423.91
Atlanta	GA	30384-2383		ID: VSGF29WMJ10 ursement or Obligation
Purpose of Expenditure Canvass Transportation		Category/ Type 002	M = M	/ D D / Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	House District:
Clinton, Hillary, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		318889.76	Disbursement For: 2016 Other (sp	Primary X General Decify) ▶
Mailing Address 2001 N Beauregard St	LLC d from Estimate to Ma	atch Actuals	Date of Publi	c Distribution/Dissemination / 01
Ste 420	01545	7. 0.1.		44405.00
City Alexandria	State VA	Zip Code 22311-1750		11195.00 D: VSGF29WMKM3
Purpose of Expenditure Canvass Literature		Category/ Type 006	M M	ursement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District:
TRUMP, DONALD J., , ,		X Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		318889.76	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures)	0.00
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		•	
(c) TOTAL Independent Expenditures			•	7
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, , ,	[Electron	nically Filed] Date	M M / D D D O O O O O O O O O O O O O O O O	2017
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
NCLR Action PAC	C C00626390		
Check if 24-hour report 48-hour report New report Amends rep	oort filed on 10 03 2016		
Full Name of Payee National Council of La Raza	Date of Public Distribution/Dissemination		
X *	10 01 2016		
Mailing Address 1126 16th St NW	Amount		
Ste 600 City State Zip Code	26278.00		
Washington DC 20036-4845	Transaction ID : VSGF29WMKN1		
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass Related Cost: 10/-11/8 Category/ Type 00	Date of Disbursement or Obligation		
Name of Federal Candidate Support	Office Sought: House District:		
TRUMP, DONALD J., , ,	reads State:		
Calendar Year-To-Date Per Election for Office Sought 318889.76	Disbursement For: Primary 2016 General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
National Council of La Raza x	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1126 16th St NW	Amount		
Ste 600	Autoun		
City State Zip Code	350.00		
Washington DC 20036-4845	Transaction ID: VSGF29WMKP9 Date of Disbursement or Obligation		
Purpose of Expenditure Equipment Rental - Canvass Category/ Type 001	M M / D D / Y Y Y Y		
Name of Federal Candidate Support	Office Sought: House District:		
TRUMP, DONALD J., , , Oppose	🗶 President Senate State:		
Calendar Year-To-Date Per Election for Office Sought 318889.76	Disbursement For: Primary General 2016 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00		
(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.			
Gonzalez, Lawrence, , , [Electronically Filed] Da Signature	te 06 / 05 / 2017		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC	C C00626390
Check if 24-hour report 48-hour report New report Ame	ends report filed on 10 03 2016
Full Name of Payee	Date of Public Distribution/Dissemination
Nordlund, Jared, , , x	10 01 2016
Mailing Address 5449 S Semoran Blvd	Amount
Ste 233	
City State Zip Code Orlando FL 32822-1779	23.95 Transaction ID : VSGF29WMKR3 Date of Disbursement or Obligation
Purpose of Expenditure Reimb. Prepaid Debit Card; ultimate payee was Walgreens Category/ Type	006 M M / D D / Y Y Y Y Y
Name of Federal Candidate	upport Office Sought: House District:
TRUMP, DONALD J., , ,	ppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 318889.76	2016
Full Name of Payee Professionals for Non-Profits * Amount Amended from Estimate to Match Actuals	Date of Public Distribution/Dissemination
Mailing Address 515 Madison Ave	10 01 2016 Amount
City State Zip Code	127756.19
New York NY 10022-5400	Transaction ID : VSGF29WMKS1 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Services 10/1-11/8 Category/ Type	001 Man / Dad / Yayayay
Name of Federal Candidate	support Office Sought: House District:
Clinton, Hillary, , ,	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought 318889.76	Disbursement For: Primary 2016 Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	··············
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee o party committee) any political party committee or its agent.	
Gonzalez, Lawrence, , , [Electronically Filed]	Date 06 05 7 2017
Signature	

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC	C C00626390
Check if 24-hour report X 48-hour report New report X Amends to	report filed on 10 03 2016
Full Name of Payee	Date of Public Distribution/Dissemination
Professionals for Non-Profits x * Amount Amended from Estimate to Match Actuals	10 01 2016
Mailing Address 515 Madison Ave	Amount
City State Zip Code	134252.46
New York NY 10022-5400	Transaction ID : VSGF29WMKV7 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Services 10/1-11/8 Category/ Type	001
Name of Federal Candidate Suppor	t Office Sought: House District:
TRUMP, DONALD J., , ,	
Calendar Year-To-Date Per Election for Office Sought 318889.76	Disbursement For: Primary General 2016
	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
	Date of Dishuranment or Obligation
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Suppor	rt Office Sought: House District:
Oppos	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9610.25
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
	Date 06 05 2017
Signature	

PAGE

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