

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Climate Reality Action Fund	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 750 9th Street, NW, Suite 520	
(c) City, State and ZIP Code Washington, DC 20001	
2. Occupation and Name of Employer (for Individual Filers Only) n/a	3. FEC Identification Number C

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD: FROM 10 28 2016
THROUGH 10 30 2016

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES 1,221.71

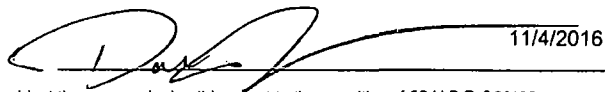
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

David Jenkins



11/4/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

2016-11-07 00:17:00

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE OF

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 FILER (In Full)

A. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)	▶	
TOTAL This Period (last page carry total to Line 6)	▶	

2013-11-01 10:00:00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Climate Reality Action Fund

Full Name (Last, First, Middle Initial) of Payee Climate Reality Action Fund		Date of Public Distribution/Dissemination 10 30 2016
Mailing Address 750 9th St NW Suite 520		Amount 143.48
City Washington	State DC	
Zip Code 20001		
Purpose of Expenditure Staff campaign activity	Category/ Type	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,822.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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.....	143.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1,221.71

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Via E-Mail

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