

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 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00626390 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/08/2016 in the State of DC

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 12/07/2016

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**

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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="275078.47"/>	

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

Write or Type Committee Name

NCLR Action PAC

Report Covering the Period: From: / / To: / /

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

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

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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 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

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

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

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

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

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

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 27
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FOR OUR FUTURE

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. IMMIGRANT VOTERS WIN PAC

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

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
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	
City Sicklerville	State NJ	Zip Code 08081-9546	Transaction ID : VSGF29TDJ3
Purpose of Disbursement Reimbursement - Travel and Lodging		Category/Type	Amount of Each Disbursement this Period 435.63
Candidate Name			<input type="checkbox"/> Memo Item
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:			

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	
City Norwalk	State CT	Zip Code 06854-1631	Transaction ID : VSGF29TKAC
Purpose of Disbursement Travel		Category/Type	Amount of Each Disbursement this Period 347.73
Candidate Name			<input checked="" type="checkbox"/> Memo Item
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:			

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	
City Washington	State DC	Zip Code 20013-0357	Transaction ID : VSGF29TA41
Purpose of Disbursement Compliance Services		Category/Type	Amount of Each Disbursement this Period 937.80
Candidate Name			<input type="checkbox"/> Memo Item
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	1373.43
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. 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 [] 9854.94	
City Washington	State DC	Zip Code 20036-4845	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) B. 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 : VSGF29VK6H Amount of Each Disbursement this Period [] 8867.06	
City Washington	State DC	Zip Code 20036-4845	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Estimated 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:				

Full Name (Last, First, Middle Initial) C. 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 : VSGF29TA3F Amount of Each Disbursement this Period [] 2500.00	
City Washington	State DC	Zip Code 20036-4845	Memo Item <input type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[] 21222.00
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. NGP VAN, Inc.			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address 1445 New York Ave NW Ste 200			FEC Identification Number C [REDACTED] Transaction ID : VSGF29TA3E Amount of Each Disbursement this Period [REDACTED] 225.00	
City Washington	State DC	Zip Code 20005-2158	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Database Services		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
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:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Ortega, Daniel, , , Jr.			Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 361 E Coronado Rd Ste 101			FEC Identification Number C [REDACTED] Transaction ID : VSGF29TEMM Amount of Each Disbursement this Period [REDACTED] 570.77	
City Phoenix	State AZ	Zip Code 85004-1525	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimbursement - Travel and Lodging		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
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:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Southwest Airlines			Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address P.O. Box 36647-1CR			FEC Identification Number C [REDACTED] Transaction ID : VSGF29TKA. Amount of Each Disbursement this Period [REDACTED] 481.96	
City Dallas	State TX	Zip Code 75235	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type [REDACTED]	Memo Item <input checked="" type="checkbox"/>	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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:			Memo Item <input checked="" type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 795.77
TOTAL This Period (last page this line number only).....▶	[REDACTED] 23391.20

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 27
	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 0.00	Outstanding Balance at Close of This Period 247.23

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 Enterprise			Nature of Debt (Purpose): Canvass Transportation
Mailing Address PO Box 402383			
City Atlanta	State GA	Zip Code 30384-2383	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEGJ9H91M4	
Amount Incurred This Period 18999.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 18999.17

1) SUBTOTALS This Period This Page (optional)..... ▶	19436.80
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 27
	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 Meals
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 : VSEGJ9H8CV6	
Amount Incurred This Period <input type="text" value="289.73"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="289.73"/>

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 : 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"/>

C. 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"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2181.06"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 27
	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 Nordlund, Jared, , ,			Nature of Debt (Purpose): Reimbursement for Prepaid Debit Card
Mailing Address 5449 S Semoran Blvd Ste 233			
City Orlando	State FL	Zip Code 32822-1779	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : VSEGJ9H8EG4	
Amount Incurred This Period <input type="text" value="26.95"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="26.95"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Professionals for Non-Profits			Nature of Debt (Purpose): Canvassing Services
Mailing Address 515 Madison Ave			
City New York	State NY	Zip Code 10022-5400	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : VSEGJ9H91N2	
Amount Incurred This Period <input type="text" value="253433.66"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="253433.66"/>

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="253460.61"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="275078.47"/>
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="275078.47"/>

**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>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Carlier, Natalie, , ,	Date of Public Distribution/Dissemination 10 / 01 / 2016			
Mailing Address 790 NW 107th Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34.99</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">City Miami</td> <td style="width:17%; border-right: 1px solid black;">State FL</td> <td>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 Supplies; ultimate payee was Target & 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; text-align: right;">364184.81</div>	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 Carlier, Natalie, , ,	Date of Public Distribution/Dissemination 10 / 11 / 2016			
Mailing Address 790 NW 107th Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">City Miami</td> <td style="width:17%; border-right: 1px solid black;">State FL</td> <td>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 Minimart on the Greens				
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; text-align: right;">364184.81</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; text-align: right;">44.99</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) 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, , ,

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Date 12 / 07 / 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 / 05 / 2016
Mailing Address
790 NW 107th Ave
Amount
24.96
Transaction ID : VSGF29TBW49
Date of Disbursement or Obligation
10 / 11 / 2016
City
Miami State
FL Zip Code
33172-3130
Purpose of Expenditure
Reimb: Canvassing Transportation ultimate payee Orion Fuels
Category/Type
006

Name of Federal Candidate:
TRUMP, DONALD J., ,
Support Oppose
Office Sought:
House Senate State:
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 : VSGF29WMSR8
Date of Disbursement or Obligation
City
Miami State
FL Zip Code
33172-3130
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 State:
President
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 24.96
(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, ,

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Date 12 / 07 / 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, , ,
Mailing Address: 790 NW 107th Ave
City: Miami, State: FL, Zip Code: 33172-3130
Purpose of Expenditure: Reimb: Canvassing Transportation ultimate payee Shell and AFP Group
Category/Type: 002
Name of Federal Candidate: TRUMP, DONALD J., , ,
Office Sought: President
Disbursement For: General
Amount: 108.58
Transaction ID: VSGF29WMSS6

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 Target
Category/Type: 006
Name of Federal Candidate: TRUMP, DONALD J., , ,
Office Sought: President
Disbursement For: General
Amount: 13.90
Transaction ID: VSGF29TDJ60

(a) SUBTOTAL of Itemized Independent Expenditures 13.90
(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.

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Signature Date 12 / 07 / 2016

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 / 18 / 2016
Mailing Address
790 NW 107th Ave
Amount
72.60
Transaction ID : VSGF29WMST4
Date of Disbursement or Obligation
10 / 18 / 2016
Purpose of Expenditure
Reimb: Canvassing Transportation ultimate payee AFP Group and 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)

(a) SUBTOTAL of Itemized Independent Expenditures 76.68
(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, ,

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Date

12 / 07 / 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: Enterprise
Mailing Address: PO Box 402383
City: Atlanta, State: GA, Zip Code: 30384-2383
Purpose of Expenditure: Canvass Transportation
Category/Type: 002
Name of Federal Candidate: TRUMP, DONALD J., , ,
Disbursement For: General 2016
Amount: 9575.26
Transaction ID: VSGF29WMHK0

Full Name of Payee: Enterprise
Mailing Address: PO Box 402383
City: Atlanta, State: GA, Zip Code: 30384-2383
Purpose of Expenditure: Canvass Transportation
Category/Type: 002
Name of Federal Candidate: Clinton, Hillary, , ,
Disbursement For: General 2016
Amount: 9423.91
Transaction ID: VSGF29WMJ10

(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, , ,

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NCLR Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00626390
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Facebook <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1601 Willow Rd	Amount <input type="text"/> 1000.00 Transaction ID : VSGF29TA2P1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Menlo Park State CA Zip Code 94025-1452	
Purpose of Expenditure Online Advertising Services Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input 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 <input type="text"/> 364184.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Green Dot Bank <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3465 E Foothill Blvd	Amount <input type="text"/> 1000.00 Transaction ID : VSGF29T90W6 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Pasadena State CA Zip Code 91107-6071	
Purpose of Expenditure Prepaid Debit Card Category/Type 006	
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 <input type="text"/> 364184.81	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"/> 2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) 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, , ,

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Date / /

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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 Mack-Sumner Communications, LLC
Mailing Address 2001 N Beauregard St Ste 420
City Alexandria State VA Zip Code 22311-1750
Purpose of Expenditure Payment for Printing - Canvass Literature
Category/Type 006
Date of Public Distribution/Dissemination 10/01/2016
Amount 11195.00
Transaction ID : VSGF29T3Y26
Date of Disbursement or Obligation 10/13/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 364184.81

Full Name of Payee National Council of La Raza
Mailing Address 1126 16th St NW Ste 600
City Washington State DC Zip Code 20036-4845
Purpose of Expenditure Payment for Equipment Rental - Canvass
Category/Type 001
Date of Public Distribution/Dissemination 10/01/2016
Amount 350.00
Transaction ID : VSGF29T4JN7
Date of Disbursement or Obligation 10/07/2016

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 364184.81

(a) SUBTOTAL of Itemized Independent Expenditures 11545.00
(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, ,

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Date 12/07/2016

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: National Council of La Raza
Mailing Address: 1126 16th St NW, Ste 600, Washington, DC 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., , Support/Oppose
Office Sought: President
Disbursement For: General
Amount: 9188.85
Transaction ID: VSGF29T4J51
Date of Disbursement or Obligation: 10/13/2016

Full Name of Payee: National Council of La Raza
Mailing Address: 1126 16th St NW, Ste 600, Washington, DC 20036-4845
Purpose of Expenditure: Estimated Payment for Salary, Benefits & Other Canvass Related Cost: 10/1-11/8
Category/Type: 001
Name of Federal Candidate: Clinton, Hillary, , Support/Oppose
Office Sought: President
Disbursement For: General
Amount: 14791.94
Transaction ID: VSGF29VK6J9
Date of Disbursement or Obligation: 10/13/2016

(a) SUBTOTAL of Itemized Independent Expenditures 23980.79
(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.
Signature: Gonzalez, Lawrence, , [Electronically Filed] Date: 12/07/2016

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
National Council of La Raza
Mailing Address
1126 16th St NW
Ste 600
City
Washington
State
DC
Zip Code
20036-4845
Date of Public Distribution/Dissemination
10 / 01 / 2016
Amount
2297.21
Transaction ID : VSGF29VM1W6
Date of Disbursement or Obligation
10 / 13 / 2016
Purpose of Expenditure
Payment for Salary, Benefits & Other Canvass Related Cost:
10/1-11/8
Category/Type
001

Name of Federal Candidate:
Clinton, Hillary, ,
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Nordlund, Jared, ,
Mailing Address
5449 S Semoran Blvd
Ste 233
City
Orlando
State
FL
Zip Code
32822-1779
Date of Public Distribution/Dissemination
10 / 11 / 2016
Amount
7922.28
Transaction ID : VSGF29T7VN0
Date of Disbursement or Obligation
10 / 06 / 2016
Purpose of Expenditure
Reimb. Canvassing Equipment and Supplies; ultimate payee
was Amazon
Category/Type
006

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

(a) SUBTOTAL of Itemized Independent Expenditures 10219.49
(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.

Gonzalez, Lawrence, ,
[Electronically Filed]
Date
12 / 07 / 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: 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: 364184.81

Full Name of Payee: One Vanilla Card
Mailing Address: PO Box 826, Fortson, GA 31808-0826
Purpose of Expenditure: Prepaid Debit Card
Category/Type: 006
Date of Public Distribution/Dissemination: 10/12/2016
Amount: 1000.00
Transaction ID: VSGF29T90Z0
Date of Disbursement or Obligation: 10/12/2016
Name of Federal Candidate: TRUMP, DONALD J., , Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 364184.81

(a) SUBTOTAL of Itemized Independent Expenditures 1023.95
(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, ,

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Date 12/07/2016

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 Pandora
Mailing Address 2101 Webster St Ste 1650
City Oakland State CA Zip Code 94612-3015
Purpose of Expenditure Radio Advertising Services
Category/Type 004
Date of Public Distribution/Dissemination 10/11/2016
Amount 3000.00
Transaction ID : VSGF29TA2N3
Date of Disbursement or Obligation 10/07/2016
Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General

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 Canvassing Services 10/1-11/8
Category/Type 001
Date of Public Distribution/Dissemination 10/01/2016
Amount 127756.19
Transaction ID : VSGF29WMKS1
Date of Disbursement or Obligation
Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Gonzalez, Lawrence, ,

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Date 12/07/2016

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
Professionals for Non-Profits
Memo Item
Date of Public Distribution/Dissemination
10/01/2016
Mailing Address
515 Madison Ave
Amount
125677.47
Transaction ID: VSGF29WMKV7
Date of Disbursement or Obligation
Purpose of Expenditure
Canvassing Services 10/1-11/8
Category/Type
001

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

Full Name of Payee
Professionals for Non-Profits
Memo Item
Date of Public Distribution/Dissemination
10/01/2016
Mailing Address
515 Madison Ave
Amount
9574.99
Transaction ID: VSGF29TMAN9
Date of Disbursement or Obligation
10/14/2016
Purpose of Expenditure
Payment for Canvassing Services 10/1-11/8
Category/Type
006

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

(a) SUBTOTAL of Itemized Independent Expenditures
9574.99
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Gonzalez, Lawrence, ,

[Electronically Filed]

Date 12/07/2016

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: Solidarity Strategies
Mailing Address: 1090 Vermont Ave NW, Ste 300, Washington, DC, 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: TRUMP, DONALD J., ,
Support: [] Oppose: [x]
Office Sought: [x] President [] House [] Senate
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

Full Name of Payee: Solidarity Strategies
Mailing Address: 1090 Vermont Ave NW, Ste 300, Washington, DC, 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: Clinton, Hillary, ,
Support: [x] Oppose: []
Office Sought: [x] President [] House [] Senate
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1000.00
(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, ,
Signature

[Electronically Filed]

Date 12/07/2016

**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>
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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 <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;">29000.00</div>
City Washington State DC Zip Code 20005-4966	
Purpose of Expenditure Event Planning Consultancy Services Category/Type 007	
Name of Federal Candidate: Clinton, Hillary, , ,	<input checked="" type="checkbox"/> Support <input 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 364184.81	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	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;"> </div>
City State Zip Code	
Purpose of Expenditure Category/Type 	
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	▶ 29000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures	▶ 91504.75

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
12 / 07 / 2016

Signature