24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
ColorOfChange PAC	C C00428557			
	<u> </u>			
Check if 24-hour report 48-hour report New report Amends	report filed on			
Full Name of Payee ColorOfChange.org	Date of Public Distribution/Dissemination			
	10 18 2018			
Mailing Address 1714 Franklin St	Amount			
# 100-136 City State Zip Code	374.41			
Oakland CA 94612-3488	Transaction ID : VTQ0M9V4M40			
Purpose of Evpanditure	Date of Disbursement or Obligation			
Latedory/	004 10 / 18 / 2018			
Name of Federal Candidate Support	rt Office Sought: House District:			
Nelson, Bill, , ,	e President 🗴 Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ✓ General 2018 Other (specify) ✓			
Full Name of Payee	Date of Public Distribution/Dissemination			
ColorOfChange.org	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1714 Franklin St	Amount			
# 100-136	Amount			
City State Zip Code	385.05			
	94612-3488 Transaction ID: VTQ0M9V4M58 Date of Disbursement or Obligation			
Purpose of Expenditure Canvassing Services Category/ Type	004			
Name of Federal Candidate Suppo	rt Office Sought: House District:			
Nelson, Bill, , ,	President Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought 1133.87	Disbursement For: Primary General 2018			
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	759.46			
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >			
	7 7 2			
(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.				
	Date 10 21 2018			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXTEND	TOTILO		PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼	
ColorOfChange PAC				C00428557	
Check if X 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D D / Y D D /	
Full Name of Payee ColorOfChange.org				Public Distribution/Dissemination	
Mailing Address 1714 Franklin St			M 10		
# 100-136			Amount		
City	State Zip Code			374.41	
Oakland	CA	94612-3488		tion ID: VTQ0M9V4M66 Disbursement or Obligation	
Purpose of Expenditure Canvassing Services		Category/ Type 004	M 10		
Name of Federal Candidate		✗ Support	Office Sought:	House District:	
Nelson, Bill, , ,		Oppose	President		
Calendar Year-To-Date Per Election for Office Sought	7 7	1133.87	Disbursement F 2018 Othe	For: Primary X General er (specify) ▶	
Full Name of Payee				Public Distribution/Dissemination	
Mailing Address			Amount	_	
City	State	Zip Code		7	
			Date of	Disbursement or Obligation	
Purpose of Expenditure		Category/ Type	М	M / D = D / Y = Y = Y	
Name of Federal Candidate		Support	Office Sought:	House District:	
		Oppose	President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement F	For: Primary General er (specify)	
·					
(a) SUBTOTAL of Itemized Independent E	xpenditures		· •	374.41	
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	4 1 4 1 4 1	
(c) TOTAL Independent Expenditures			· .	1133.87	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized				
Savadogo, Ismael, , ,	[Electron	ically Filed] Date		21 2018	