

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Change Campaign Super PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00567396 </div>
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Check if ☒ 24-hour report ☐ 48-hour report ➤
☒ New report ☐ Amends report filed on

M M

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D D

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Y Y Y Y

Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>08 / 02 / 2018</div> </div>	
Mailing Address 1291 Hollywood Ave		Amount <div> <div></div> <div>36000.00</div> </div>	
City Annapolis	State MD	Zip Code 21403-4909	Transaction ID : VTDDNA97WW7 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>08 / 02 / 2018</div> </div>
Purpose of Expenditure Media Buy	Category/ Type		
Name of Federal Candidate WELDER, BRENT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>36000.00</div> </div>	District: 03 State: KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y Y Y</div> </div>
Mailing Address		Amount <div></div>
City	State Zip Code	Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> </div>
Purpose of Expenditure	Category/ Type <div></div>	
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	<div></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	36000.00

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.

Green, Adam, , ,

[Electronically Filed]

Date _____

Signature

MM / DD / YYYY