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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ColorOfChange PAC 1714 Franklin Street ADDRESS (number and street) #100-136 (Check if address is changed) Oakland 94610 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@colorofchangepac.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.colorofchangepac.org/ (Check if address is changed) DATE 01 2016 C00428557 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Keith Goodman Type or Print Name of Treasurer Keith Goodman [Electronically Filed] 09 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam		. ago C
ColorOfChang	e PAC	
	Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	E ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representation	entative Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of th	ne person in possession of committee
Keith Go	odman	
Full Name	1714 Franklin Street	
Mailing Address	ı#100-136	
	Oakland , CA	, 94610
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commit assistant treasurer).	ttee; and the name and address of
Full Name Keith Go	odman	
of Treasurer	1714 Franklin Street	
Mailing Address		
	#100-136	
	Oakland	94610
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. Amalgamated Bank	
safety deposit be	oxes or maintains funds. Depository, etc. Amalgamated Bank 1275 7th Avenue	
safety deposit be Name of Bank,	Depository, etc. Amalgamated Bank 275 7th Avenue	
safety deposit be Name of Bank,	Depository, etc. Amalgamated Bank 275 7th Avenue 8th Floor	
safety deposit be Name of Bank,	Depository, etc. Amalgamated Bank 275 7th Avenue 8th Floor New York CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 275 7th Avenue 8th Floor New York CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 275 7th Avenue 8th Floor New York CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 275 7th Avenue 8th Floor New York CITY STATE Depository, etc. Wells Fargo Bank 1752 Biscayne Boulevard	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 275 7th Avenue 8th Floor New York CITY STATE Depository, etc. Wells Fargo Bank 1752 Biscayne Boulevard	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 275 7th Avenue 8th Floor New York CITY STATE Depository, etc. Wells Fargo Bank 1752 Biscayne Boulevard	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

The committee has established a sepearate account which will only be used for Independent Expenditures and not for any direct or indirect contributions to federal candidates in accordance with Carey v. FEC. This account may accept unlimited contributions from individuals, corporations, unions and/or other political committees.

Form/Schedule: Transaction ID: