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		
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination		
Resonance Campaigns	11 02 2016		
Mailing Address 1020 16th St, NW	11 02 2016 Amount		
City State Zip Code	12858.38		
Washington DC 20012	Transaction ID : SE.5232 Date of Disbursement or Obligation		
Purpose of Expenditure Mailing Category/ Type	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Offic	e Sought: House District: 00		
TRUMP, DONALD J., , ,	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought Disb 2016			
Full Name of Payer	Other (specify)		
Full Name of Payee Toskr, Inc.	Date of Public Distribution/Dissemination 11 02 2016		
Mailing Address 1330 Broadway			
3rd Floor	Amount		
City State Zip Code	629.28		
Oakland CA 94162	Transaction ID : SE.5233 Date of Disbursement or Obligation		
Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y		
Text Messaging Type	11 02 2016		
Name of Federal Candidate Support Office	e Sought: House District: 00		
TRUMP, DONALD J., , ,	President Senate State: DC		
	oursement For: Primary X General		
Per Election for Office Sought 364005.90 2016	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	13487.66		
(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.			
Buto	11 03 2016		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	3	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	F	EC IDENTIFICATION NUMBER ▼
ColorOfChange PAC	-	C C00428557
Check if X 24-hour report 48-hour report New report	Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee	Date of	Public Distribution/Dissemination
Toskr, Inc.	M 1	M / D D / Y Y Y Y
Mailing Address 1330 Broadway 3rd Floor	Amount	
City State Zip Cod	do.	F24.64
Oakland CA 94162	Transac	531.64 ction ID : SE.5234 Disbursement or Obligation
Purpose of Expenditure Text Messaging Category Ty		M / D D / Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
CLINTON, HILLARY RODHAM, , ,	Oppose President	
Calendar Year-To-Date Per Election for Office Sought 364537	7.54 Disbursement F 2016 Other	For: Primary X General er (specify) ▶
Full Name of Payee		Public Distribution/Dissemination
Mailing Address	L	_
	Amount	
City State Zip Coo	de	
	Date of	Disbursement or Obligation
Purpose of Expenditure Category	ory/ ype	M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Sought:	House District:
	Oppose President	t Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement F	For: Primary General er (specify) ▶
		or (opoony)
(a) SUBTOTAL of Itemized Independent Expenditures	······	531.64
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······································	14019.30
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Goodman, Keith, , , [Electronically File Signature	ed] Date 11	03 2016
- J :-		