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	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tuskr, Inc.	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1330 Broadway	
3rd Floor	Amount
City State Zip Code	11710.50
Oakland CA 94162	Transaction ID : SE.4673 Date of Disbursement or Obligation
Purpose of Expenditure Text Messaging Category/ Type	10 16 2016
Name of Federal Candidate Support Offic	e Sought: House District:00
CLINTON, HILLARY RODHAM, , ,	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought Disb. 2016	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	Mam / Dab / Yayayay
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	11710.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	
(c) TOTAL Independent Expenditures	11710.50
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.	
Bato	10 18 2016
Signature	