# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)			PAGE 1 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
ColorOfChange PAC			
			C C00428557
Check if 24-hour report	18-hour report New rep	port X Amends repo	ort filed on 10 24 2016
Full Name of Payee	Delitical Otratagias		Date of Public Distribution/Dissemination
Angle Mastagni Mathe	ews Political Strategies		10 18 2016
Mailing Address 507 N Sylvania	Ave		Amount
City	State	Zip Code	42213.73
Fort Worth	TX	76111	Transaction ID : SE.4717  Date of Disbursement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>✗</b> Support	Office Sought: House District: 00
CLINTON, HILLARY RODHAM, ,	,	Oppose	resident Senate State: DC
Calendar Year-To-Date Per Election for Office Soug	ıht , , , ,	243684.76	Disbursement For:  Primary  General 2016  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Angle Mastagni Mathew	s Political Strategies		10 18 2016
Mailing Address 507 N Sylvan	ia Ave		10 10 2010
,			Amount
City	State	Zip Code	14071.24
Fort Worth	TX	76111	Transaction ID : SE.4720 Date of Disbursement or Obligation
Purpose of Expenditure Phone Calls		Category/	M M / D D / Y Y Y Y
Thoric dails		Type	10 18 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought: House District: 00
MURPHY, PATRICK E, , ,		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Soug	ght	43991.42	Disbursement For:  Primary  General 2016  General  Other (specify) ▶
-			
(a) SUBTOTAL of Itemized Indep	endent Expenditures		▶ 56284.97
(b) SUBTOTAL of Unitemized Inc	lependent Expenditures		· ·
(c) TOTAL Independent Expendit	ures		
. , , , , ,	ion of, any candidate or authorized	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Goodman, Keith, , ,	[Electron	nically Filed] Date	e 12 07 2016
Signature	<del>-</del>		

Schedule E)	LINDLINI LAFLINDI	TIONES		PAGE 2 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
ColorOfChange PAC			С	C00428557
Check if 24-hour report 48-hour report	report New report	ort X Amends repo	ort filed on 10	24 2016
Full Name of Payee Angle Mastagni Mathews Po	olitical Strategies		Date of Pu	iblic Distribution/Dissemination
Mailing Address 507 N Sylvania Ave			Amount	10 2010
City	State	Zip Code		14071.24
Fort Worth	TX	76111		on ID : SE.4723 sbursement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	10	/ D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
ROSS, DEBORAH K, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	43991.42	Disbursement For 2016 Other	r: Primary ✗ General (specify) ▶
Full Name of Payee Angle Mastagni Mathews Poli	tical Strategies		Date of Pu	ublic Distribution/Dissemination
Mailing Address 507 N Sylvania Ave			10 Amount	18 2016
City Fort Worth	State TX	Zip Code 76111		14071.24 n ID : SE.4726 sbursement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	10	
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 00
MCGINTY, KATHLEEN ALANA, , ,		Oppose	President	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		43991.40	Disbursement For 2016 Other	r: Primary ✗ General (specify) ▶
(a) SUBTOTAL of Itemized Independent I	Expenditures		·	28142.48
(b) SUBTOTAL of Unitemized Independer	nt Expenditures			
			·	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Goodman, Keith, , ,	[Electron.	ically Filed] Date	12 0	
(c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	independent expenditures ny candidate or authorized ittee or its agent.	reported herein were committee or agent of	not made in coope of either, or (if the r	eporting entity is not a polit

Schedule E)	LIVI EXPERE	TIONES		PAGE 3 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
ColorOfChange PAC				C00428557
Check if 24-hour report 🗶 48-hour report	New rep	port X Amends repo	ort filed on 10	
Full Name of Payee Chism Strategies			М =	
Mailing Address 2906 N State Street			Amount	18 2016
City	State	Zip Code		39760.53
Jackson	MS	39216		tion ID : SE.4715 Disbursement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	Date of	M / D D / Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
CLINTON, HILLARY RODHAM, , ,		Oppose	<b>✗</b> President	Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	151471.03	Disbursement F 2016 Othe	for: Primary <b>X</b> General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Chism Strategies			M 10	
Mailing Address 2906 N State Street			Amount	
City	State	Zip Code		13253.51
Jackson	MS	39216		on ID : SE.4718 Disbursement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	10	
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:00
MURPHY, PATRICK E, , ,		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		13253.51	Disbursement F 2016 Othe	For: Primary General er (specify)
(a) SUBTOTAL of Itemized Independent Expendent	ditures		· ·	53014.04
(b) SUBTOTAL of Unitemized Independent Exp	enditures		- <b>-</b>	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Goodman, Keith, , , Signature	[Electron	nically Filed] Date		07 2016

Schedule E)	LIVI LXI LIV	TIONES		PAGE 4 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
ColorOfChange PAC			C	C00428557
Check if 24-hour report 48-hour report	New rep	port X Amends repo	ort filed on 10	24 2016
Full Name of Payee			Date of F	Public Distribution/Dissemination
Chism Strategies			M 10	
Mailing Address 2906 N State Street			Amount	
City	State	Zip Code		13253.51
Jackson	MS	39216		ion ID : SE.4721 Disbursement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	M 10	
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:00
ROSS, DEBORAH K, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	13253.51	Disbursement F 2016 Othe	or: Primary <b>X</b> General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Chism Strategies			M 10	
Mailing Address 2906 N State Street			Amount	
City	State	Zip Code		13253.50
Jackson	MS	39216		on ID : SE.4724 Disbursement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	M 10	
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
MCGINTY, KATHLEEN ALANA, , ,		Oppose	President	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		13253.50	Disbursement F 2016 Othe	or:
(a) SUBTOTAL of Itemized Independent Expend	litures			26507.01
,				2007.01
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	4 1 4 1 4
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Goodman, Keith, , ,	[Electron	nically Filed] Date		07 2016
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# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

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 file	d on 10 / 24 / 2016
Full Name of Payee NGP VAN	Date of Public Distribution/Dissemination
	10 18 2016
Mailing Address 1101 15th St NW	Amount
City State Zip Code	50000.00
Washington DC 20005	Transaction ID : SE.4716  Date of Disbursement or Obligation
Purpose of Expenditure Phone Calls  Category/ Type	10 18 2016
Name of Federal Candidate Support Office	ce Sought: House District:00
CLINTON, HILLARY RODHAM, , ,	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought  Dist 201471.03	oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
NGP VAN	10 18 2016
Mailing Address 1101 15th St NW	Amount
City State Zip Code	16666.67
Washington DC 20005	Transaction ID : SE.4719  Date of Disbursement or Obligation
Purpose of Expenditure Phone Calls  Category/ Type	10 18 2016
Name of Federal Candidate Support Offic	ce Sought: House District: 00
MURPHY, PATRICK E, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Disl 29920.18	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	66666.67
	00000.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Goodman, Keith, , ,  [Electronically Filed] Date	12 07 2016
Signature	

Schedule E)	DENT EXILINE	TI OTILO	<u> </u>	AGE 6 OF 6 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
ColorOfChange PAC			C co	0428557
Check if 24-hour report <b>X</b> 48-hour repo	rt New re	port X Amends repo	rt filed on 10	24 2016
Full Name of Payee NGP VAN				istribution/Dissemination
Mailing Address 1101 15th St NW			10 Amount	18 2016
			7 till Calit	
City	State	Zip Code		16666.67
Washington	DC	20005	Transaction ID:  Date of Disburse	SE.4722 ment or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	10	18 2016
Name of Federal Candidate		<b>X</b> Support	Office Sought:	House District: 00
ROSS, DEBORAH K, , ,		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29920.18	Disbursement For: 2016 Other (specified)	Primary <b>x</b> General fy) ▶
Full Name of Payee			Date of Public D	istribution/Dissemination
NGP VAN			10	18 2016
Mailing Address 1101 15th St NW			Amount	
City	State	Zip Code		16666.66
Washington	DC	20005	Transaction ID : S  Date of Disburse	SE.4725 ement or Obligation
Purpose of Expenditure Phone Calls		Category/ Type	10	18 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
MCGINTY, KATHLEEN ALANA, , ,		Oppose	President X	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		29920.16	Disbursement For: 2016 Other (speci	Primary <b>✗</b> General fy) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures			33333.33
(a) CODITOTAL OF REMIZED INDEPENDENT EXPE	multuros		7	33333.33
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· <b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	263948.50
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorize			
Goodman, Keith, , ,	[Electro	nically Filed] Date	12 07	2016
Signature				