

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 115
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ColorOfChange PAC

A. NGP VAN

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 15th St NW

City Washington	State DC	Zip Code 20005-5006
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

Transaction ID : VTQZWCJ5MM6

Amount of Each Receipt this Period
14880.00

Memo Item

Refund - Non-Contribution Account

B. Onward Together

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 W 45th St

City New York	State NY	Zip Code 10036-4064
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : VTQZWCJ3BQ7

Amount of Each Receipt this Period
100000.00

Memo Item

Non-Contribution Account

C. Percy, Jim, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2014 N 14th St

City Boise	State ID	Zip Code 83702-1103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Saint Lukes Regional Medical Center Registered Nurse

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2017

Transaction ID : VTQZWCJ6XX4

Amount of Each Receipt this Period
25.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	114905.00
TOTAL This Period (last page this line number only).....	