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

Schedule E)	FAGE 1 OF 6
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ColorOfChange PAC	C C00428557
	<u> </u>
Check if 24-hour report 48-hour report New report Ame	ends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
ColorOfChange.org Non-Contribution Account	10 24 2018
Mailing Address 1714 Franklin St	
# 100-136	Amount
City State Zip Code	421.21
Oakland CA 94612-3488	Transaction ID: VTQ0M9VBCT2 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Services Category/ Type	004 10 24 7 2018
Name of Federal Candidate	upport Office Sought: House District:
Nelson Bill	ppose President X Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 5473.10	Disbursement For: Primary ★ General 2018 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
ColorOfChange.org	M M / D D / Y Y Y Y
Non-Contribution Account Mailing Address 1714 Franklin St	10 24 2018
# 100-136	Amount
City State Zip Code	328.48
Oakland CA 94612-3488	
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Canvassing Services Type	004 10 24 2018
Name of Federal Candidate	upport Office Sought: House District:
Poson Jacky	ppose President X Senate State: NV
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 3999.02	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	749.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Forest States	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Savadogo, Ismael, , , [Electronically Filed]	Date 10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)			PAGE 2 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 48-hour report	New report Am	ends report	filed on/ D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
ColorOfChange.org Non-Contribution Account			10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1714 Franklin St			Amount
# 100-136			
City State Oakland CA	Zip Code 94612-3488	,	438.68 Transaction ID : VTQ0M9VBCV9
	94012-3400)	Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Services	Category/ Type	004	10 25 7 2018
Name of Federal Candidate	x 5	Support	Office Sought: House District:
Nelson, Bill, , ,		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	5473.10	_	Disbursement For: Primary General Other (specify)
Full Name of Payee			Date of Public Distribution/Dissemination
ColorOfChange.org Non-Contribution Account			M M / D D / Y Y Y Y
Mailing Address 1714 Franklin St			10 25 2018
# 100-136			Amount
City State	Zip Code		392.75
Oakland CA	94612-348	8	Transaction ID : VTQ0M9VBD31 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Services	Category/ Type	004	10 / 25 / Y 2018
Name of Federal Candidate	x :	Support	Office Sought: House District:
Rosen, Jacky, , ,		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	3999.02		Disbursement For: Primary General Other (specify) Other (specify)
•		· · · · · · · · · · · · · · · · · · ·	
(a) SUBTOTAL of Itemized Independent Expenditures			831.43
(b) SUBTOTAL of Unitemized Independent Expenditures			•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.			
Savadogo, Ismael, , , Signature	[Electronically Filed]	Date	10 30 2018

Schedule E)				PAGE 3 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
ColorOfChange PAC			C	C00428557
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
ColorOfChange.org Non-Contribution A	ccount		10 N	/ 26 / Y Y Y Y Y
Mailing Address 1714 Franklin St # 100-136			Amount	
# 100-136	State	Zip Code		420.00
Oakland	CA	94612-3488		438.68 ID: VTQ0M9VBCY3 ursement or Obligation
Purpose of Expenditure Canvassing Services		Category/ Type 004	10 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Nelson, Bill, , ,		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5473.10	Disbursement For: 2018 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
ColorOfChange.org	Account		10	/ D D / Y Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z
Mailing Address 1714 Franklin St				20 2010
# 100-136			Amount	
City	State	Zip Code		328.48
Oakland	CA	94612-3488		D: VTQ0M9VBD49 oursement or Obligation
Purpose of Expenditure Canvassing Services		Category/ Type 004	10	⁷ 26
Name of Federal Candidate		x Support	Office Sought:	House District:
Rosen, Jacky, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		3999.02	Disbursement For: 2018 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	767.16
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		•	
(c) TOTAL Independent Expenditures			·	4 1 4 1
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Savadogo, Ismael, , , Signature	[Electron	nically Filed] Date	10 / 30	2018

Schedule E)				PAGE 4 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
ColorOfChange PAC				C00428557
Check if 🗶 24-hour report 🔲 48-hour re	eport New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	C Distribution/Dissemination
ColorOfChange.org Non-Contribut	ion Account		M M /	27 2018
Mailing Address 1714 Franklin St # 100-136			Amount	
# 100-130	State	Zip Code		274.44
Oakland	CA	94612-3488		374.41 D: VTQ0M9VBCZ1 ursement or Obligation
Purpose of Expenditure Canvassing Services		Category/ Type 004	10	27 2018
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Nelson, Bill, , ,		Oppose		Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5473.10	Disbursement For: 2018 Other (sp	Primary x General ecify) ▶
Full Name of Payee			Date of Public	c Distribution/Dissemination
ColorOfChange.org Non-Contribut	ion Account		M M M 10	27 2018
Mailing Address 1714 Franklin St			10	2010
# 100-136			Amount	
City	State	Zip Code		328.48
Oakland	CA	94612-3488		D: VTQ0M9VBD56 ursement or Obligation
Purpose of Expenditure Canvassing Services		Category/ Type 004	10	27 / 2018
Name of Federal Candidate		x Support	Office Sought:	House District:
Rosen, Jacky, , ,		Oppose	President 2	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	, ,	3999.02	Disbursement For: 2018 Other (sp	Primary General Decify) ■
(a) SUBTOTAL of Itemized Independent E	xpenditures)	702.89
(b) SUBTOTAL of Unitermized Independen	t Expenditures		· •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures)	114114
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorized			
Savadogo, Ismael, , ,	[Electron	ically Filed] Date	10 30	2018

Schedule E)				PAGE 5 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 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	e of Public Distribution/Dissemination
ColorOfChange.org Non-Contribution Account				10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1714 Franklin St			Amo	ount
# 100-136				
	ate CA	Zip Code 94612-3488	Tran	374.41 nsaction ID : VTQ0M9VBD15
		94012-3400		e of Disbursement or Obligation
Purpose of Expenditure Canvassing Services		Category/ Type 004		10 28 7 2018
Name of Federal Candidate		✗ Support	Office Soug	ght: House District:
Nelson, Bill, , ,		Oppose	Presid	ident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5473.10	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee			Date	e of Public Distribution/Dissemination
ColorOfChange.org Non-Contribution Account				M M / D D / Y Y Y Y
Mailing Address 1714 Franklin St			_ I	10 28 2018
# 100-136			Amo	ount
City	tate	Zip Code		328.48
	CA	94612-3488		saction ID : VTQ0M9VBD72 e of Disbursement or Obligation
Purpose of Expenditure Canvassing Services		Category/ Type 004		10 28 7 2018
Name of Federal Candidate		x Support	Office Soug	ght: House District:
Rosen, Jacky, , ,		Oppose	Presi	ident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		3999.02	Disburseme 2018	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	702.89
(b) SUBTOTAL of Unitemized Independent Expenditures	S		· • [7 7 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Savadogo, Ismael, , ,	[Electroni	cally Filed] Date	10	30 2018

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDE	ENTIFICATION NUMBER ▼
ColorOfChange PAC	000428557
Check if 24-hour report 48-hour report	D
Full Name of Payee Date of Public	Distribution/Dissemination
Facebook Non-Contribution Account	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way Amount	
City State Zip Code	240.13
Menlo Park CA 94025-1456 Transaction ID	D: VTQ0M9VBD80 rsement or Obligation
Purpose of Expenditure Digital Advertising Category/ Type 004 10	27 / 2018
Name of Federal Candidate Support Office Sought:	House District:
Rosen, Jacky, , , Oppose President	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2018 Other (spe	Primary X General ecify) ▶
Full Name of Payee Date of Public	Distribution/Dissemination
Mailing Address Amount	
Amount	
City State Zip Code	,
Purpose of Expenditure Category/	rsement or Obligation
Type	
Name of Federal Candidate Support Office Sought: Oppose President	House District:
Calendar Year-To-Date Disbursement For:	Primary General
Per Election for Office Sought Other (spe	_ ,
(a) SUBTOTAL of Itemized Independent Expenditures	240.13
	7 210.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	3994.19
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the report party committee) any political party committee or its agent.	
Savadogo, Ismael, , , [Electronically Filed] Date 10 30	2018