

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

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ColorOfChange PAC			FEC IDENTIFICATION NUMBER ▼ C C00428557		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>					
Full Name of Payee ColorOfChange.org Non-Contribution Account			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> 10 / 24 / 2018		
Mailing Address 1714 Franklin St # 100-136			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">421.21</div>		
City State Zip Code Oakland CA 94612-3488		Transaction ID : VTQ0M9VBCT2 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> 10 / 24 / 2018			
Purpose of Expenditure Canvassing Services		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate Nelson, Bill, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">5473.10</div>					
Full Name of Payee ColorOfChange.org Non-Contribution Account			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> 10 / 24 / 2018		
Mailing Address 1714 Franklin St # 100-136			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">328.48</div>		
City State Zip Code Oakland CA 94612-3488		Transaction ID : VTQ0M9VBD23 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> 10 / 24 / 2018			
Purpose of Expenditure Canvassing Services		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate Rosen, Jacky, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">3999.02</div>					
(a) SUBTOTAL of Itemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;">749.69</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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.					
Signature <u>Savado, Ismael, , ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> 10 / 30 / 2018		

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) ColorOfChange PAC		FEC IDENTIFICATION NUMBER ▼ C C00428557	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ColorOfChange.org Non-Contribution Account			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2018		
Mailing Address 1714 Franklin St # 100-136			Amount 438.68		
City Oakland	State CA	Zip Code 94612-3488	Transaction ID : VTQ0M9VBCV9		
Purpose of Expenditure Canvassing Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2018		
Name of Federal Candidate Nelson, Bill, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: FL		
Calendar Year-To-Date Per Election for Office Sought 5473.10			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee ColorOfChange.org Non-Contribution Account			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2018		
Mailing Address 1714 Franklin St # 100-136			Amount 392.75		
City Oakland	State CA	Zip Code 94612-3488	Transaction ID : VTQ0M9VBD31		
Purpose of Expenditure Canvassing Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2018		
Name of Federal Candidate Rosen, Jacky, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV		
Calendar Year-To-Date Per Election for Office Sought 3999.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	831.43
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Savado, Ismael, , ,

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Date

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10 / 30 / 2018

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NAME OF COMMITTEE (In Full) ColorOfChange PAC		FEC IDENTIFICATION NUMBER ▼ C C00428557	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ColorOfChange.org Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2018	
Mailing Address 1714 Franklin St # 100-136		Amount 438.68	
City Oakland	State CA	Zip Code 94612-3488	Transaction ID : VTQ0M9VBCY3 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2018
Purpose of Expenditure Canvassing Services	Category/ Type	004	
Name of Federal Candidate Nelson, Bill, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5473.10	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ColorOfChange.org Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2018	
Mailing Address 1714 Franklin St # 100-136		Amount 328.48	
City Oakland	State CA	Zip Code 94612-3488	Transaction ID : VTQ0M9VBD49 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2018
Purpose of Expenditure Canvassing Services	Category/ Type	004	
Name of Federal Candidate Rosen, Jacky, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		3999.02	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	767.16
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) ColorOfChange PAC		FEC IDENTIFICATION NUMBER ▼ C C00428557	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ColorOfChange.org Non-Contribution Account			Date of Public Distribution/Dissemination 10 / 27 / 2018		
Mailing Address 1714 Franklin St # 100-136			Amount 374.41		
City Oakland	State CA	Zip Code 94612-3488	Transaction ID : VTQ0M9VBCZ1		
Purpose of Expenditure Canvassing Services		Category/ Type 004	Date of Disbursement or Obligation 10 / 27 / 2018		
Name of Federal Candidate Nelson, Bill, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 5473.10			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee ColorOfChange.org Non-Contribution Account			Date of Public Distribution/Dissemination 10 / 27 / 2018		
Mailing Address 1714 Franklin St # 100-136			Amount 328.48		
City Oakland	State CA	Zip Code 94612-3488	Transaction ID : VTQ0M9VBD56		
Purpose of Expenditure Canvassing Services		Category/ Type 004	Date of Disbursement or Obligation 10 / 27 / 2018		
Name of Federal Candidate Rosen, Jacky, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 3999.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	702.89
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Savado, Ismael, , ,

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ColorOfChange.org Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2018	
Mailing Address 1714 Franklin St # 100-136		Amount 374.41	
City Oakland	State CA	Zip Code 94612-3488	Transaction ID : VTQ0M9VBD15 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2018
Purpose of Expenditure Canvassing Services	Category/ Type	004	
Name of Federal Candidate Nelson, Bill, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 5473.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ColorOfChange.org Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2018	
Mailing Address 1714 Franklin St # 100-136		Amount 328.48	
City Oakland	State CA	Zip Code 94612-3488	Transaction ID : VTQ0M9VBD72 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2018
Purpose of Expenditure Canvassing Services	Category/ Type	004	
Name of Federal Candidate Rosen, Jacky, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 3999.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	702.89
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) ColorOfChange PAC		FEC IDENTIFICATION NUMBER ▼ C C00428557	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2018	
Mailing Address 1 Hacker Way		Amount 240.13	
City Menlo Park	State CA	Zip Code 94025-1456	Transaction ID : VTQ0M9VBD80
Purpose of Expenditure Digital Advertising	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2018
Name of Federal Candidate Rosen, Jacky, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		3999.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	240.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	3994.19

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.

Savadogo, Ismael, , ,

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Date

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Signature