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

Schedule E)		PAGE 1 OF 2 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 on		
Full Name of Payee Resonance Campaigns		Date of Public Distribution/Dissemination
. •		10 31 7 2016
Mailing Address 1020 16th St, NW		Amount
City State	Zip Code	13372.96
Washington DC	20012	Transaction ID: SE.5219 Date of Disbursement or Obligation
Purpose of Expenditure Mailing	Category/ Type	10 31 2016
Name of Federal Candidate	Support C	Office Sought: House District: 00
TRUMP, DONALD J., , ,	X Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary
Full Name of Payee	·	Date of Public Distribution/Dissemination
Tuskr, Inc.		10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1330 Broadway		Amount
3rd Floor		Amount
City State	Zip Code	862.56
Oakland CA	94162	Transaction ID : SE.5220 Date of Disbursement or Obligation
Purpose of Expenditure Text Messaging	Category/ Type	10 / 31 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
TRUMP, DONALD J., , ,	x Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures)	14235.52
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF CHILDRICA INdependent Experiations		7 7 7
(c) TOTAL Independent Expenditures)	
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.		
Goodman, Keith, , , [Electron] Signature	ically Filed] Date	11 01 2016
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 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 on		
Full Name of Payee Date	e of Public Distribution/Dissemination	
Tuskr, Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1330 Broadway Amo	punt	
3rd Floor		
City State Zip Code	8.68	
	nsaction ID : SE.5221 e of Disbursement or Obligation	
Purpose of Expenditure Text Messaging Category/ Type	10 31 2016	
Name of Federal Candidate Support Office Soug	ght: House District: 00	
CLINTON, HILLARY RODHAM, , ,		
Calendar Year-To-Date Per Election for Office Sought Disburseme 2016	ent For: Primary	
Full Name of Payee Date	e of Public Distribution/Dissemination	
	M M / D D / Y Y Y Y	
Mailing Address Amo	ount	
City State Zip Code		
Sixty Sixty Sixty	7	
Purpose of Expenditure	e of Disbursement or Obligation	
Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Sou	ght: House District:	
Oppose Presi	ident Senate State:	
Calendar Year-To-Date Disburseme	ent For: Primary General	
Per Election for Office Sought	Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	8.68	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	14244.20	
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.		
Goodman, Keith, , , [Electronically Filed] Date 11	01 2016	
Signature		