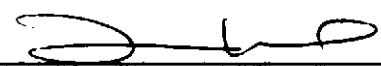


Independent Expenditure Report Cover

Amendment
 Yes No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement ColorOfChange PAC		d. Entity Type (Check One) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number 1714 Franklin St., #100-136 Oakland, CA 94612 (510) 663-4836		e. Federal ID Number (if applicable) f. Date Filed 4/25/2018	
c. Report Type <input type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____		g. Employer's Name or Principal Place of Business h. Occupation STATE BOARD OF ELECTIONS	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2018	4/22/2018	4/23/2018	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts Ismael Savadogo			
b. Mailing Address (include City, State and Zip Code) and Phone Number 1714 Franklin St., #100-136 Oakland, CA 94612		c. Employer's Name or Principal Place of Business ColorOfChange	
		d. Occupation CFO	
6. Total Donations ALL Pages			\$ 0.00
7. Total Expenditures ALL Pages			\$ 34,843.10
CERTIFICATION			
<p style="font-size: 2em; font-weight: bold; margin: 0;">SCANNED</p> <p style="font-size: 1.2em; margin: 0;">MAY 14 2018</p>			
I certify that this statement is complete, true and correct.			
<u>ISMAEL SAVADOGO</u> Printed Name of Signer	 Signature	<u>4/26/18</u> Date	

Donations for Independent Expenditures

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

1. Donation Information				
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
				\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 0.00
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 0.00

Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	4/22/2018	4/22/2018	Digital Communications
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Relay 1330 Broadway FI 3 Oakland, CA 94612-2503			\$ 428.03
Candidate Full Name		Amount	Office Sought
Faris Dixon		\$ 428.03	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>District Attorney</u> Co. <u>Pitt</u> <input type="checkbox"/> Other Office: _____ County/District: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name			Date
			Level
			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	4/23/2018	4/23/2018	Direct Mail Services
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Resonance Campaigns 1020 16th Street NW # 701 Washington, DC 20036			\$ 23,135.26
Candidate Full Name		Amount	Office Sought
Satana Deberry		\$ 23,135.26	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>District Attorney</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name			Date
			Level
			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
2. Total Expenditures THIS Page			\$ 23,563.29
3. Total Expenditures ALL Pages			\$ 34,843.10

Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
3	4/17/2018	4/17/2018	Digital Communications		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Relay 1330 Broadway FI 3 Oakland, CA 94612-2503					\$ 1221.87
Candidate Full Name		Amount	Office Sought		
Satana Deberry		\$ 1221.87	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>District Attorney</u> _____ Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
4	4/8/2018	4/8/2018	Digital Communications		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Relay 1330 Broadway FI 3 Oakland, CA 94612-2503					\$ 542.82
Candidate Full Name		Amount	Office Sought		
Satana Deberry		\$ 542.82	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>District Attorney</u> _____ Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page					\$ 1764.69
3. Total Expenditures ALL Pages					\$ 34,843.10

Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
5	4/6/2018	4/6/2018	Online Advertising		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Facebook 1601 Willow Road Menlo Park CA 94025-1452					\$ 3,000.00
Candidate Full Name		Amount	Office Sought		
Satana Deberry		\$ 3,000.00	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>District Attorney</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
6	4/4/2018	4/4/2018	Online Advertising		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Facebook 1601 Willow Road Menlo Park CA 94025-1452					\$ 800.00
Candidate Full Name		Amount	Office Sought		
Satana Deberry		\$ 800.00	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>District Attorney</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page					\$ 3,800.00
3. Total Expenditures ALL Pages					\$ 34,843.10

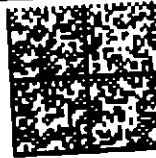
Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
9	4/18/2018	4/18/2018	Online Advertising
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Facebook 1601 Willow Road Menlo Park CA 94025-1452			\$ 747.06
Candidate Full Name		Amount	Office Sought
Faris Dixon		\$ 747.06	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>District Attorney</u> Co. <u>Pitt</u> <input type="checkbox"/> Other Office: _____ County/District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name			Date
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose
			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
10	4/12/2018	4/12/2018	Online Advertising
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Facebook 1601 Willow Road Menlo Park CA 94025-1452			\$ 1,587.00
Candidate Full Name		Amount	Office Sought
Faris Dixon		\$ 1,587.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>District Attorney</u> Co. <u>Pitt</u> <input type="checkbox"/> Other Office: _____ County/District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name			Date
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose
			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page			\$ 2334.06
3. Total Expenditures ALL Pages			\$ 34,843.10

F

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