

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Campaign for Community Change		3. FEC Identification Number C C90012113
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1536 U Street NW		
(c) City, State and ZIP Code Washington DC 20009		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

27393.24

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Delicia Reynolds Hand

10/23/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Campaign for Community Change

Full Name (Last, First, Middle Initial) of Payee
Irma Palacios

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
1536 U Street NW

Amount

107.60

City State Zip Code
Washington DC 20009

Purpose of Expenditure
Mailer for Grijalva House race; supporting Grijalva

Category/
Type

Office Sought: House State: AZ
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Raul Grijalva

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Tim Anderegg

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
1536 U Street NW

Amount

218.02

City State Zip Code
Washington DC 20009

Purpose of Expenditure
Grijalva Mailer; support

Category/
Type

Office Sought: House State: AZ
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Raul Grijalva

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Rudy Lopez

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
1536 U Street NW

Amount

278.50

City State Zip Code
Washington DC 20009

Purpose of Expenditure
Grijalva mailer; support

Category/
Type

Office Sought: House State: AZ
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Raul Grijalva

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

604.12

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Campaign for Community Change

Full Name (Last, First, Middle Initial) of Payee
Chris Torres

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
1536 U Street NW

Amount

736.16

City State Zip Code
Washington DC 20009

Purpose of Expenditure
Grijalva mailer; support

Category/
Type

Office Sought: House State: AZ
 Senate
 President District: 07

Name of Federal Candidate Supported or Opposed by Expenditure:
Raul Grijalva

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mission Control Inc

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
114 A Mansfield Hollow Road

Amount

26052.96

City State Zip Code
Mansfield Center CT 06250

Purpose of Expenditure
Grijalva Mailer; support;

Category/
Type

Office Sought: House State: AZ
 Senate
 President District: 07

Name of Federal Candidate Supported or Opposed by Expenditure:
Raul Grijalva

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

26789.12

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

27393.24