

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 090012113
(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
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **10 96 2010** THROUGH **10 27 2010**

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES **5176.00**

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 any 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	<i>Delicia Reynolds</i>	10/28/2010

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

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Campaign for Community Change

Full Name (Last, First, Middle Initial) of Payee
OC Media Date 10 20 2010

Mailing Address
1107 Fair Oaks Ave #451 Amount 5000.00

City State Zip Code
South Pasadena CA 91030

Purpose of Expenditure
Radio Ad Category/Type Office Sought: House State: CA
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Sharron Angie Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 5000.00 Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Jeffery Parcher Date 10 26 2010

Mailing Address
1536 U Street NW Amount 176.00

City State Zip Code
Washington DC 20009

Purpose of Expenditure
Radio Ad - Admin Category/Type Office Sought: House State: NV
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Ken Buck Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 176.00 Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
 Date

Mailing Address
 Amount

City State Zip Code

Purpose of Expenditure
 Category/Type Office Sought: House State:
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
 Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 5176.00

(b) SUBTOTAL of Untemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... 5176.00
(carry total from last page forward to Line 7)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARER

N/A
 DATE PREPARED