

RECEIVED

2011 JAN 31 AM 9:13

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

FEC MAIL CENTER

11030554209

1. (a) Name of Individual, Organization or Corporation Illinois Immigrant Action		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 55 East Jackson, Suite 2075		
(c) City, State and ZIP Code Chicago, Illinois 60604		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" 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

Mo / D D / Y Y Y Y
10 / 16 / 2010
 THROUGH
 Mo / D D / Y Y Y Y
12 / 31 / 2010

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

9 9 7 8 9

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

Lawrence Benito

Lawrence P. Benito 1-13-11

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-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
Illinois Immigrant Action

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

11030554210

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Illinois Immigrant Action

Full Name (Last, First, Middle Initial) of Payee Illinois Coalition for Immigrant and Refugee Rights		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 55 East Jackson, Suite 2075		Amount , 495.69
City Chicago	State IL	
Zip Code 60604		
Purpose of Expenditure video advertisement on internet	Category/Type 004	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alexi Giannoulas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 49569		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Benito, Lawrence		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 55 East Jackson, Suite 2075		Amount , 110.83
City Chicago	State IL	
Zip Code 60604		
Purpose of Expenditure video advertisement on internet	Category/Type 001	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alexi Giannoulas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11083		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ryan, Nathan		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 55 East Jackson, Suite 2075		Amount , 139.50
City Chicago	State IL	
Zip Code 60604		
Purpose of Expenditure video advertisement on internet	Category/Type 001	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alexi Giannoulas		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13950		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	, , .
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	, , .
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	, , .

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Illinois Immigrant Action

Full Name (Last, First, Middle Initial) of Payee Salgado, Catherine		Date 10 / 30 / 2010
Mailing Address 55 East Jackson, Suite 2075		Amount , 251.87
City Chicago	State IL	
Zip Code 60604		
Purpose of Expenditure video advertisement on internet	Category/Type 001	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alexi Giannoulis		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , 251.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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.....	997.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	997.89

11030554212

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
1/26/11

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

SR

1/31/11

PREPARER
(3/2005)

DATE PREPARED

11030554213