

FEC FORM 5

RECEIVED

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

NOV 31 PM 4:21
FEDERAL CENTER

1. (a) Name of Individual, Organization or Corporation Human Rights Campaign		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1640 Rhode Island Ave NW		
(c) City, State and ZIP Code Washington, DC 20036		
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 / 01 / 2010
 THROUGH
12 / 31 / 2010

6. TOTAL CONTRIBUTIONS **000**

7. TOTAL INDEPENDENT EXPENDITURES **980.50**

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
James Rinefield, Treasurer		1/31/10

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

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**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)

A. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
Name of Employer			Occupation

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
Name of Employer			Occupation

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
Name of Employer			Occupation

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
Name of Employer			Occupation

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page carry total to Line 6)	▶	0.00

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee R.R. Donnelley		Date 10/15/2010
Mailing Address P.O. Box 730216		Amount 475.28
City Dallas	State TX	Zip Code 75373-0216
Purpose of Expenditure Magazine Printing	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Chris Coons		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 980.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee U.S. Postal Service : Strasburg		Date 10/15/2010
Mailing Address Strasburg Post Office		Amount 356.50
City Strasburg	State VA	Zip Code 22657-9998
Purpose of Expenditure Magazine Postage	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Chris Coons		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 980.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee A.P. Worldwide Photos		Date 10/15/2010
Mailing Address 450 West 33rd St.		Amount 44.25
City New York	State NY	Zip Code 10001
Purpose of Expenditure Magazine Photos	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Chris Coons		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 980.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	980.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	980.50

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee Human Rights Campaign		Date 10'15'2010
Mailing Address 1640 Rhode Island Ave NW		Amount 46.94
City Washington	State Zip Code DC 20036	
Purpose of Expenditure Magazine Staff Time	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Chris Coons		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 980.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mayu Mishina		Date 10'15'2010
Mailing Address 110 Saint Lawrence Dr.		Amount 57.53
City Silver Spring	State Zip Code MD 20901	
Purpose of Expenditure Magazine Editing	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Chris Coons		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 980.50		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 <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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.....	980.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	980.50

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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

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): *ups* Shipping Date
1/31/11

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

[Signature]
 PREPARER
 (3/2005)

2/1/11
 DATE PREPARED

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