

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 THE ADVOCACY FUND		3. FEC Identification Number C C90011750
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1012 TORNEY AVE		
(c) City, State and ZIP Code SAN FRANCISCO CA 94129		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input 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
1	0

 /

D	D
0	6

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
0	7

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

2312.96

7. TOTAL INDEPENDENT EXPENDITURES.....

7550.00

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

Danica Anne Remy

10/08/2010

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-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)
THE ADVOCACY FUND

A. Full Name (Last, First, Middle Initial) Campaign For Community Change			Date of Receipt MM / DD / YYYY 10 / 06 / 2010
Mailing Address 1536 U Street NW			Transaction ID: F56.000001
City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 1138.03
FEC ID number of contributing federal political committee. C			
Name of Employer N/A - This is an in-kind donation of		Occupation voter list, staff and consultant time	

B. Full Name (Last, First, Middle Initial) Campaign For Community Change			Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 1536 U Street NW			Transaction ID: F56.000002
City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 1174.93
FEC ID number of contributing federal political committee. C			
Name of Employer N/A - This is an in-kind donation of		Occupation voter list, staff and consultant time	

SUBTOTAL of Receipts This Page (optional)	2312.96
TOTAL This Period (last page carry total to Line 6)	2312.96

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee
Californians For Human Immigrant Rights Leadership Action Fund

Date
MM / DD / YYYY
10 / 06 / 2010

Mailing Address
2533 W. 3rd Street, Suite 101H

Amount
2175.00

City State Zip Code
Los Angeles CA 90057

Purpose of Expenditure
Phone banking

Category/
Type

Office Sought: House State: IL
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Alexi Giannoulias

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 24825.00

Disbursement For: 2010
 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Illinois Immigrant Action

Date
MM / DD / YYYY
10 / 06 / 2010

Mailing Address
55 E. Jackson Blvd, Suite 2075

Amount
1600.00

City State Zip Code
Chicago IL 60604

Purpose of Expenditure
Phone banking

Category/
Type

Office Sought: House State: IL
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Alexi Giannoulias

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 26425.00

Disbursement For: 2010
 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Californians For Human Immigrant Rights Leadership Action Fund

Date
MM / DD / YYYY
10 / 07 / 2010

Mailing Address
2533 W. 3rd Street, Suite 101H

Amount
2175.00

City State Zip Code
Los Angeles CA 90057

Purpose of Expenditure
Phone banking

Category/
Type

Office Sought: House State: IL
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Alexi Giannoulias

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 28600.00

Disbursement For: 2010
 Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 5950.00

(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)

THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee
Illinois Immigrant Action

Date

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Mailing Address

55 E. Jackson Blvd, Suite 2075

Amount

1600.00

City

Chicago

State

IL

Zip Code

60604

Purpose of Expenditure

Phone banking

Category/
Type

Office Sought:

House

State: IL

Senate

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Alexi Giannoulis

Calendar Year-To-Date Per Election
for Office Sought

30200.00

Disbursement For:
2010

Primary

General

Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1600.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

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

7550.00