

# 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 <b>C</b> 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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	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  /  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES.....

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

10/30/2010

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

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Mailing Address  
1536 U Street NW

Transaction ID: F56.000001

City State Zip Code  
Washington DC 20009

Amount of Each Receipt this Period

210.87

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, consultant time

**SUBTOTAL** of Receipts This Page (optional) .....

210.87

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

210.87

**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 / 2 9 / 2 0 1 0

Mailing Address  
55 E Jackson Blvd Suite 2075

Amount

1232.28

City State Zip Code  
Chicago IL 60604

Purpose of Expenditure  
live phone bank

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 42757.28

Disbursement For:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

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

1232.28

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

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

1232.28