

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 checked="" 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 / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

THROUGH

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

6. TOTAL CONTRIBUTIONS

1375.52

7. TOTAL INDEPENDENT EXPENDITURES.....

5007.28

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 <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>		
Mailing Address 1536 U Street NW			Transaction ID: F56.000001		
City	State	Zip Code	Amount of Each Receipt this Period <input type="text" value="1164.65"/>		
Washington	DC	20009			
FEC ID number of contributing federal political committee. <input type="text" value="C"/>					
Name of Employer N/A - This is an in-kind donation of			Occupation voter list, staff, consultant time		

B. Full Name (Last, First, Middle Initial) Campaign for Community Change			Date of Receipt <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>		
Mailing Address 1536 U Street NW			Transaction ID: F56.000002		
City	State	Zip Code	Amount of Each Receipt this Period <input type="text" value="210.87"/>		
Washington	DC	20009			
FEC ID number of contributing federal political committee. <input type="text" value="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)	<input type="text" value="1375.52"/>
TOTAL This Period (last page carry total to Line 6)	<input type="text" value="1375.52"/>

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 / 08 / 2010

Mailing Address
2533 W. 3rd St Suite 101H

Amount
2175.00

City State Zip Code
Los Angeles CA 90057

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 32375.00

Disbursement For: Primary General
 Other (specify) _____

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

Date
MM / DD / YYYY
10 / 08 / 2010

Mailing Address
55 E Jackson Blvd Suite 2075

Amount
1600.00

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 33975.00

Disbursement For: Primary General
 Other (specify) _____

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

Date
MM / DD / YYYY
10 / 29 / 2010

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 35207.28

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 5007.28

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

(c) **TOTAL** Independent Expenditures 5007.28
(carry total from last page forward to Line 7)