

# FAX COVER SHEET

TO	Federal Election Commission
COMPANY	
FAX NUMBER	12022190174
FROM	Bianca Pirayou
DATE	2010-11-02 02:35:10 GMT
RE	South Bay AFL-CIO Labor Council FEC Form 5

## COVER MESSAGE

Please find attached 24-Hour Report FEC Form 5 filed on behalf of the South Bay AFL-CIO Labor Council.

If you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,  
Bianca Pirayou

# 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 South Bay AFL-CIO Labor Council		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">C</div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2102 Almaden Road, Suite 107					
(c) City, State and ZIP Code San Jose, CA 95125					
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"><b>Individual filers only</b></td> <td style="border-bottom: 1px solid black;">Name of Employer</td> <td style="border-bottom: 1px solid black;">Occupation</td> </tr> </table>			<b>Individual filers only</b>	Name of Employer	Occupation
<b>Individual filers only</b>	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	31	2010
THROUGH		
10	31	2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 1,880.00

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
<i>Bianca Pirayou</i>		10/1/10

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
South Bay AFL-CIO Labor Council

Full Name (Last, First, Middle Initial) of Payee Pacific Printing		Date 10 / 31 / 2010
Mailing Address 2260 Monterey Road		Amount 1880.00
City San Jose	State CA	Zip Code 95112
Purpose of Expenditure Doorhanger	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1880.00		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.....	1880.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1880.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
 DATE PREPARED