Image# 10931780333 11/7**02**/7**20**/1**3** 12:48

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

(a) Name of Individual, Organization or Corporation	¬ ·				
THE ADVOCACY FUND					
(b) Address (number and street)					
(c) City, State and ZIP Code					
SAN FRANCISCO CA 94129	FEC Identification Number				
2. Corporate filers only	C C90011750				
Is the filer a qualified nonprofit corporation? \square Yes \square No					
Individual filers only Name of Employer	Occupation				
4. TYPE OF REPORT (check appropriate boxes):					
(a) April 15 Quarterly Report	ur Notice				
☐ July 15 Quarterly Report					
October Quarterly Report					
☐ January 31 Year-End Report					
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \overline{X} \)					
5. COVERING PERIOD: FROM M 1 1 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
THROUGH					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
6. TOTAL CONTRIBUTIONS	324.48				
7. TOTAL INDEPENDENT EXPENDITURES	1962.48				
	and a second sec				
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regula	, if the independent expenditures				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE				
Danica Anne Remy	11/02/2010				
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this repo					
To the position of the positio					

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

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ITEMIZED RECEIL 13		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person for a name and address of any political committee to sol	or the purpose of soliciting contributions icit contributions from such committee
NAME OF FILER (In Full) THE ADVOCACY FUND		
A. Full Name (Last, First, Middle Initial) Campaign For Community Change Mailing Address 1536 U Street NW City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20009	Amount of Each Receipt this Period 324.48
Name of Employer N/A - This is an in-kind donation of	Occupatio voter list	s, staff, consultant time

SUBTOTAL of Receipts This Page (optional)	324.48
TOTAL This Period (last page carry total to Line 6)	324.48

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM			

NAME OF FILER (In Full) THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee		Date		
Californians for Human Immigrant Rights Leadership Action Fund		M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 2 0 1 0		
Mailing Address		Amount 2 0 1 0 1		
2533 W. 3rd St Suite 101H				
City State	Zip Code	554.15		
Los Angeles CA	90057			
Purpose of Expenditure	Category/	Office Sought: House State: IL		
live phone bank	Туре	Senate X Senate District:		
Name of Federal Candidate Supported or Opposed by Expenditure: Alexi Giannoulias		President		
Alexi diamiounas		Check One: X Support Oppose		
Calendar Year-To-Date Per Election		Disbursement For: Primary X General 2010		
for Office Sought	37678.09	Other (specify)		
Full Name (Last, First, Middle Initial) of Payee	I	Date		
Illinois Immigrant Action		M M / D D / Y Y Y Y		
Mailing Address		11 01 2010		
55 E Jackson Blvd Suite 2075		Amount		
City State	Zip Code	1408.33		
Chicago	60604			
Purpose of Expenditure	Category/	Office Sought: House State: IL		
live phone bank	Туре	Senate X Senate		
Name of Federal Candidate Supported or Opposed by Expenditure: District: District:				
Alexi Giannoulias		Check One: X Support Oppose		
Calendar Year-To-Date Per Election		Disbursement For: Primary X General		
for Office Sought	39086.42	Other (specify)		
(a) CURTOTAL of Haminad Indox and anti-Company districts		1962.48		
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTALof Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures		1962.48		
(carry total from last page forward to Line 7)				