



CAMPAIGN for COMMUNITY CHANGE

FAX

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To: Federal Elections Commission

Fax
Number: 202-219-0174

Pages
(including cover page): 3

Phone
Number:

Date: 10/28/2010

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FEC

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10030481352

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 Campaign for Community Change		3. FEC Identification Number 090012113
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1536 U Street NW		
(c) City, State and ZIP Code Washington DC 20009		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" 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
- 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 26 2010

THROUGH

10 27 2010

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

5176.00

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

Delicia Reynolds

Delicia Reynolds

10/28/2010

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.O. 20463 Toll Free 800-424-9630, Local 202-694-1100

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Campaign for Community Change

10030481354

Full Name (Last, First, Middle Initial) of Payee OC Media		Date 10 26 2010
Mailing Address 1107 Fair Oaks Ave #451		Amount 5000.00
City South Pasadena	State CA	Zip Code 91030
Purpose of Expenditure Radio Ad	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Ken Buck		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Parcher Jeffrey		Date 10 26 2010
Mailing Address 1536 U Street NW		Amount 176.00
City Washington	State DC	Zip Code 20009
Purpose of Expenditure Radio Ad - Admin	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Ken Buck		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 176.00	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 <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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N/A
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