Image# 10931371547 107**86**7**20**140 18:43

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	
(b) Address (number and street)	
1012 Torney Avenue	
(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?	
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 X	
5. COVERING PERIOD: FROM M M M M M M M M M M M M	
THROUGH	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS	3240.71
7. TOTAL INDEPENDENT EXPENDITURES	11325.00
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or 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 reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Danica Anne Remy	10/06/2010
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

PAGE 2/4

	mmercial purposes, other than using the n E OF FILER (In Full)				
	Advocacy Fund				
	Jame (Last, First, Middle Initial)				Date of Receipt
Mailir	mpaign For Community Change				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	6 U Street NW	Otata	7'- 0-1-		Transaction ID: F56.000001
City	shington	State DC	Zip Code 20009		
	ID number of contributing	20			Amount of Each Receipt this Period
	al political committee.	С			1096.19
Name	of Employer			Occupation	
N/A	A - This is an in-kind donation of			voter list, st	taff and consultant time
	Jame (Last, First, Middle Initial)				Date of Receipt
Mailir	mpaign For Community Change og Address 6 U Street NW				$ \begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 4 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City		State	Zip Code		Transaction ID: F56.000002
_Wa	shington	DC	20009		Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		•	1111.18
1000	a. pontida. dominitado.			-	
	of Employer		• • • •	Occupation	
Name	•				taff and consultant time
Name N/A Full N	e of Employer A - This is an in-kind donation of lame (Last, First, Middle Initial)				taff and consultant time Date of Receipt
Name N/A Full N Ca Mailir	of Employer A - This is an in-kind donation of				
Name N/A Full N Ca Mailir	e of Employer A - This is an in-kind donation of Jame (Last, First, Middle Initial) mpaign For Community Change and Address	State	Zip Code		Date of Receipt
Name N/F Full N Ca Mailir 153	e of Employer A - This is an in-kind donation of Jame (Last, First, Middle Initial) mpaign For Community Change and Address	State DC	Zip Code 20009		Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name N/F Full N Ca Mailir 153 City Wa	e of Employer A - This is an in-kind donation of Jame (Last, First, Middle Initial) mpaign For Community Change g Address 6 U Street NW		•		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name N/A Full N Ca Mailir 153 City Wa FEC feder	e of Employer A - This is an in-kind donation of Dame (Last, First, Middle Initial) Dampaign For Community Change Day Address U Street NW Shington ID number of contributing	DC	•		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SUBTOTAL of Receipts This Page (optional)

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

3240.71

PAGE	3	/ 4

ME OF FILER (In Full)	ILO		FOR LINE 7 FOR FORM 5
he Advocacy Fund			
Full Name (Last, First, Middle Initial) of Payee Californians for Human Immigrant Right	s Leadership Ac	tion Fund	Date
Mailing Address	·		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2533 W. 3rd Street, Suite 101H			Amount
City	State	Zip Code	2175.00
Los Angeles	CA	90057	
Purpose of Expenditure		Category/	Office Sought: House State: IL
Phone banking		Туре	Senate X Senate District:
Name of Federal Candidate Supported or Oppos Alexi Giannoulias	sed by Expenditure:		President
Alexi Giarmoulias			Check One: X Support Oppose
Calendar Year-To-Date Per Election		:	Disbursement For: Primary X General 2010
for Office Sought		13500.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Illinois Immigrant Action			M M / D D / Y Y Y
Mailing Address			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
55 E Jackson Blvd, Suite 2075			Amount
City	State	Zip Code	1600.00
Chicago	IL	60604	
Purpose of Expenditure		Category/	Office Sought: House State: IL
Phone banking		Туре	Senate X Senate District:
Name of Federal Candidate Supported or Oppos Alexi Giannoulias	sed by Expenditure:		President
Alexi Giarinoulias			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		15100.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Californians for Human Immigrant Right	s Leadership Ac	tion Fund	1.0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
2533 W. 3rd Street, Suite 101H			Amount
City	State	Zip Code	2175.00
Los Angeles	CA	90057	
Purpose of Expenditure		Category/	Office Sought: House State: IL
Phone banking		Type	Senate X Senate District:
Name of Federal Candidate Supported or Oppos Alexi Giannoulias	sed by Expenditure:		President
Alexi Giariiloulias			Check One: X Support Oppose
Calendar Year-To-Date Per Election		.=	Disbursement For: Primary X General
for Office Sought		17275.00	Other (specify)
a) SUBTOTAL of Itemized Independent Expendent	ditures		5950.00
(b) SUBTOTALof Unitemized Independent Expe	enditures		
(a) TOTAL Independent Evpanditures			

(carry total from last page forward to Line 7)

NAME OF FILER (In Full)

PAGE 4/4	PAGE	4 / 4	
----------	------	-------	--

FOR LINE 7 FOR FORM 5

The Advocacy Fund			
Full Name (Last, First, Middle Initial) of Payee			Date
Illinois Immigrant Action			M M / D D / Y Y Y Y Y 1 D D / 2 D 1 D
Mailing Address 55 E Jackson Blvd, Suite 2075			Amount 2 0 1 0
City	State	Zip Code	1600.00
Chicago	IL	60604	
Purpose of Expenditure		Category/	Office Sought: House State: IL
Phone banking		Type	Senate X Senate
Name of Federal Candidate Supported or Opposed balexi Giannoulias	oy Expenditure): 	President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election		18875.00	Disbursement For: Primary X General
for Office Sought			Other (specify)
Full Name (Last, First, Middle Initial) of Payee		er e E e e	Date
Californians for Human Immigrant Rights Le	eadersnip Ad	ction Fund	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
2533 W. 3rd Street, Suite 101H			2175.00
City	State	Zip Code	2173.00
Los Angeles	CA	90057	
Purpose of Expenditure		Category/	Office Sought: House State: IL
Phone banking		Туре	Senate X Senate District:
Name of Federal Candidate Supported or Opposed & Alexi Giannoulias	by Expenditure	: :	President —
Alexi Giailioulias			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		21050.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Illinois Immigrant Action			
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
55 E Jackson Blvd, Suite 2075			Amount
City Chicago	State IL	Zip Code 60604	1600.00
Purpose of Expenditure		Category/	Office Sought: House State: IL
Phone banking		Type	Senate X Senate
Name of Federal Candidate Supported or Opposed by	by Expenditure): :	President District:
Alexi Giannoulias			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		22650.00	Disbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	es		5375.00
(b) SUBTOTALof Unitemized Independent Expendit	ures		
(c) TOTAL Independent Expenditures(carry total from last page forward to Line			11325.00