

# 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 <b>C</b> 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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	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  /  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES.....

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

10/01/2010

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

<b>A.</b> Full Name (Last, First, Middle Initial) Campaign For Community Change			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0		
Mailing Address 1536 U Street NW			<b>Transaction ID:</b> F56.000001		
City	State	Zip Code	Amount of Each Receipt this Period 1158.28		
Washington	DC	20009			
FEC ID number of contributing federal political committee. C					
Name of Employer N/A - This is an in-kind donation of			Occupation voter list, staff, consultant time		

<b>B.</b> Full Name (Last, First, Middle Initial) Campaign For Community Change			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0		
Mailing Address 1536 U Street NW			<b>Transaction ID:</b> F56.000002		
City	State	Zip Code	Amount of Each Receipt this Period 1102.84		
Washington	DC	20009			
FEC ID number of contributing federal political committee. C					
Name of Employer N/A - This is an in-kind donation of			Occupation voter list, staff, consultant time		

<b>C.</b> Full Name (Last, First, Middle Initial) Campaign For Community Change			Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0		
Mailing Address 1536 U Street NW			<b>Transaction ID:</b> F56.000003		
City	State	Zip Code	Amount of Each Receipt this Period 1072.25		
Washington	DC	20009			
FEC ID number of contributing federal political committee. C					
Name of Employer N/A - This is an in-kind donation of			Occupation voter list, staff, consultant time		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3333.37
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	3333.37

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

The Advocacy Fund

Full Name (Last, First, Middle Initial) of Payee  
Coalition for Human Immigrant Rights Leadership Action Fund

Date  
MM / DD / YYYY  
09 / 28 / 2010

Mailing Address  
2533 W. 3rd St Suite 101H

Amount  
2175.00

City State Zip Code  
Los Angeles CA 90057

Purpose of Expenditure  
phone banking

Category/  
Type

Office Sought:  House State: IL  
 Senate  
 President District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
Mark Steven Kirk

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 2175.00

Disbursement For: 2010  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date  
MM / DD / YYYY  
09 / 28 / 2010

Mailing Address  
55 E Jackson Blvd Suite 2075

Amount  
1600.00

City State Zip Code  
Chicago IL 60604

Purpose of Expenditure  
phone banking

Category/  
Type

Office Sought:  House State: IL  
 Senate  
 President District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
Mark Steven Kirk

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 3775.00

Disbursement For: 2010  
 Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Coalition for Human Immigrant Rights Leadership Action Fund

Date  
MM / DD / YYYY  
09 / 29 / 2010

Mailing Address  
2533 W. 3rd St Suite 101H

Amount  
2175.00

City State Zip Code  
Los Angeles CA 90057

Purpose of Expenditure  
Phone banking

Category/  
Type

Office Sought:  House State: IL  
 Senate  
 President District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
Mark Steven Kirk

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 5950.00

Disbursement For: 2010  
 Primary  General  
 Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 5950.00

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

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

The Advocacy Fund

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

Date

M M / D D / Y Y Y Y  
09 / 29 / 2010

Mailing Address

55 E Jackson Blvd. Suite 2075,

Amount

1600.00

City

Chicago

State

IL

Zip Code

60604

Purpose of Expenditure

Phone banking

Category/  
Type

Office Sought:

House

State: IL

Senate

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mark Steven Kirk

Calendar Year-To-Date Per Election  
for Office Sought

7550.00

Disbursement For:

Primary

General

2010  
 Other (specify) \_\_\_\_\_

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

Date

M M / D D / Y Y Y Y  
09 / 30 / 2010

Mailing Address

55 E Jackson Blvd. Suite 2075,

Amount

1600.00

City

Chicago

State

IL

Zip Code

60604

Purpose of Expenditure

phone banking

Category/  
Type

Office Sought:

House

State: IL

Senate

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mark Steven Kirk

Calendar Year-To-Date Per Election  
for Office Sought

9150.00

Disbursement For:

Primary

General

2010  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Coalition for Human Immigrant Rights Leadership Action Fund

Date

M M / D D / Y Y Y Y  
09 / 30 / 2010

Mailing Address

2533 W. 3rd St Suite 101H

Amount

2175.00

City

Los Angeles

State

CA

Zip Code

90057

Purpose of Expenditure

Phone Banking

Category/  
Type

Office Sought:

House

State: IL

Senate

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mark Steven Kirk

Calendar Year-To-Date Per Election  
for Office Sought

11325.00

Disbursement For:

Primary

General

2010  
 Other (specify) \_\_\_\_\_

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

5375.00

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

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

11325.00