



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: 11/4/2010

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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 <i>Campaign for Community Change</i>		3. FEC Identification Number C90012113
(b) Address (number and street) <input checked="" type="checkbox"/> check if different than previously reported <i>1536 U Street NW.</i>		
(c) City, State and ZIP Code		
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 THROUGH

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

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>Delicia Reynolds</i>	<i>Delicia Reynolds</i>	<i>11/02/10</i>

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

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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

Full Name (Last, First, Middle Initial) of Payee <i>Mission Control Inc</i>		Date <i>11 03 2010</i>
Mailing Address <i>114 A Mansfield Hollow Rd</i>		Amount <i>6300.00</i>
City <i>Mansfield Center, CT</i>	State Zip Code <i>06250</i>	
Purpose of Expenditure <i>Mailer Supporting Candidate</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>AZ</i> <input type="checkbox"/> Senate District: <i>7</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Raul Grijalva</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>1079259.0</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Lopez Rudy</i>		Date <i>11 03 2010</i>
Mailing Address <i>1536 U Street NW</i>		Amount <i>292.00</i>
City <i>Washington DC</i>	State Zip Code <i>20009</i>	
Purpose of Expenditure <i>Staff-time Administrative</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>AZ</i> <input type="checkbox"/> Senate District: <i>7</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Raul Grijalva</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>8719.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Torres Christopher</i>		Date <i>11 03 2010</i>
Mailing Address <i>1536 U Street NW</i>		Amount <i>880.00</i>
City <i>Washington DC</i>	State Zip Code <i>20009</i>	
Purpose of Expenditure <i>Mailer - Staff time Admin</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>AZ</i> <input type="checkbox"/> Senate District: <i>7</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Raul Grijalva</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>18035.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>6680.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>6680.00</i>

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Federal Election Commission
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