

# 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 <b>CAMPAIGN FOR COMMUNITY CHANGE</b>		3. FEC Identification Number <b>C C90012113</b>
(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. <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  
 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Julia Paik	<i>Julia Paik</i>	01/10/2013

*[Electronically Filed]*

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-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CAMPAIGN FOR COMMUNITY CHANGE

Full Name (Last, First, Middle Initial) of Payee LUC Media Group, Inc		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 25 Whitlock Place #201		Amount 7200.00 <b>Transaction ID : F57.000001</b>
City Marietta	State GA	
Purpose of Expenditure Media-production and ad placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Vicky Hartzler		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .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 LUC Media Group, Inc		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 25 Whitlock Place #201		Amount 7200.00 <b>Transaction ID : F57.000002</b>
City Marietta	State GA	
Purpose of Expenditure Media-Production and ad placement	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .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 Mary Dailey		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1536 U Street, NW		Amount 72.20 <b>Transaction ID : F57.000003</b>
City Washington	State DC	
Purpose of Expenditure Salary-Ad Content Development	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Vicky Hartzler		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	14472.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CAMPAIGN FOR COMMUNITY CHANGE

Full Name (Last, First, Middle Initial) of Payee Jeffery Parcher		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1536 U Street, NW		Amount 233.52 <b>Transaction ID : F57.000004</b>
City Washington	State DC	
Zip Code 20009	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Salary - Ad Content Development		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Vicky Hartzler		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Donna De La Cruz		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1536 U Street, NW		Amount 54.59 <b>Transaction ID : F57.000005</b>
City Washington	State DC	
Zip Code 20009	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Salary - Ad Content Development		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Vicky Hartzler		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Mary Dailey		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1536 U Street, NW		Amount 72.20 <b>Transaction ID : F57.000006</b>
City Washington	State DC	
Zip Code 20009	Category/Type 001	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Salary - Ad Content Development		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	360.31
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CAMPAIGN FOR COMMUNITY CHANGE

Full Name (Last, First, Middle Initial) of Payee Jeffery Parcher		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1536 U Street, NW		Amount 233.52 <b>Transaction ID : F57.000007</b>
City Washington	State DC	
Zip Code 20009	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Salary - Ad Content Development		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Donna De La Cruz		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1536 U Street, NW		Amount 54.59 <b>Transaction ID : F57.000008</b>
City Washington	State DC	
Zip Code 20009	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Salary - Ad Content Development		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Nicole Cairns		Date MM / DD / YYYY 10 / 12 / 2012
Mailing Address 1536 U Street, NW		Amount 14.68 <b>Transaction ID : F57.000009</b>
City Washington	State DC	
Zip Code 20009	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Blog-Content Development & Posting		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	302.79
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CAMPAIGN FOR COMMUNITY CHANGE

Full Name (Last, First, Middle Initial) of Payee Nicole Cairns		Date MM / DD / YYYY 10 / 12 / 2012
Mailing Address 1536 U Street, NW		Amount 14.68 <b>Transaction ID : F57.000010</b>
City Washington	State DC	
Zip Code 20009	Category/Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Blog-Content Development and Posting		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Nicole Cairns		Date MM / DD / YYYY 10 / 12 / 2012
Mailing Address 1536 U Street, NW		Amount 14.68 <b>Transaction ID : F57.000011</b>
City Washington	State DC	
Zip Code 20009	Category/Type 001	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Blog - Content Development and Posting		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Nicole Cairns		Date MM / DD / YYYY 10 / 12 / 2012
Mailing Address 1536 U Street, NW		Amount 14.68 <b>Transaction ID : F57.000012</b>
City Washington	State DC	
Zip Code 20009	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Purpose of Expenditure Blog-Content Development and Posting		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Lungren		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	44.04
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CAMPAIGN FOR COMMUNITY CHANGE

Full Name (Last, First, Middle Initial) of Payee Nicole Cairns		Date MM / DD / YYYY 10 / 12 / 2012
Mailing Address 1536 U Street, NW		Amount 14.68 <b>Transaction ID : F57.000013</b>
City Washington	State DC	
Zip Code 20009	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Purpose of Expenditure Blog-Content Development and Posting		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Ami Bera		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	14.68
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	15194.02
(carry total from last page forward to Line 7)		