

# 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 VOCES DE LA FRONTERA ACTION		3. FEC Identification Number <b>C</b> C90011826
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1027 S. 5TH STREET		
(c) City, State and ZIP Code MILWAUKEE WI 53204		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input 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 

M	M
1	0

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 

.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

1097.55
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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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Jeanne Geraci	_____	10/31/2010

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-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee  
Stipends Volunteer

Date

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Mailing Address

Amount

740.00

City State Zip Code  
Racine WI 53404

Purpose of Expenditure  
canvass volunteer stipends

Category/  
Type

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

Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Feingold Russ

Calendar Year-To-Date Per Election  
for Office Sought .00

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

Full Name (Last, First, Middle Initial) of Payee  
Mayfair Rentacar

Date

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Mailing Address

Amount

291.38

City State Zip Code  
Racine WI

Purpose of Expenditure  
van rental

Category/  
Type

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

Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Russ Feingold

Calendar Year-To-Date Per Election  
for Office Sought .00

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

Full Name (Last, First, Middle Initial) of Payee  
Pizzeria

Date

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Mailing Address

Amount

66.17

City State Zip Code  
Racine WI

Purpose of Expenditure  
food for volunteers

Category/  
Type

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

Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Russ Feingold

Calendar Year-To-Date Per Election  
for Office Sought .00

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

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

1097.55

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

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

1097.55