

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **VOTEVETS.ORG ACTION FUND**

(b) Address (number and street) check if different than previously reported
 2201 WISCONSIN AVE NW
 #320

(c) City, State and ZIP Code
 WASHINGTON DC 20007

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001275

3. Is This Statement

New
 or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
 through
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

(b) Communication Title Who

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
 Peter Mellman

(b) Address (number and street)
 2201 Wisconsin Ave NW #320

(c) City, State and ZIP Code
 Washington DC 20007

(d) Name of Employer or Principal Place of Business (e) Occupation
 VOTEVETS ACTION FUND CFO

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,115000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Peter Mellman

SIGNATURE Peter Mellman

[Electronically Filed] DATE 10/22/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name Jonathan Soltz		Transaction ID : F91.000001	
(b) Address (number and street) 4380 King Street			
(c) City, State and ZIP Code Alexandria		VA	22302
(d) Name of Employer or Principal Place of Business VOTEVETS ACTION FUND		(e) Occupation CHAIR	
B. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
C. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
D. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
E. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee SWAY			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 20 / 2014		
Mailing Address of Payee 4311 Leland Street			Amount 115000.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y 10 / 21 / 2014		
Chevy Chase	MD	20815			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Production and Media Buy ("Who")			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MA	Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Seth Moulton			District: 06		
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MA	Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Richard Tisei			District: 06		
Transaction ID : F94.000003					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
			District: _____		
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y		
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
			District: _____		
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
			District: _____		
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
			District: _____		
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			115000.00		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			115000.00		