

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation VOCES DE LA FRONTERA ACTION			3. FEC Identification Number C 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. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:
 FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS..... 18500.00

7. TOTAL INDEPENDENT EXPENDITURES 5086.04

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
FLORES, NANCY, NATALY, ,	<i>[Electronically Filed]</i> FLORES, NANCY, NATALY, ,	10/20/2016

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

**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)
VOCES DE LA FRONTERA ACTION

A. Full Name (Last, First, Middle Initial) FOR OUR FUTURE			Date of Receipt 10 / 05 / 2016 Transaction ID : F56.000001		
Mailing Address					
City WASHINGTON	State DC	Zip Code	Amount of Each Receipt this Period 12500.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) AMERICAS VOICE			Date of Receipt 10 / 01 / 2016 Transaction ID : F56.000002		
Mailing Address					
City WASHINGTON	State DC	Zip Code	Amount of Each Receipt this Period 6000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	18500.00
TOTAL This Period (last page carry total to Line 6)	18500.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee WEBER PRINTING COMPANY		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 3048 N 34th St		Amount 357.45	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : F57.000001
Purpose of Expenditure PRINTING OF NEWSLETTER W/ ENDORSEMENT	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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 BOUCHARD GOLD COMMUNICATIONS		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 1617 W 6th St B		Amount 3400.00	
City AUSTIN	State TX	Zip Code 787703	Transaction ID : F57.000002
Purpose of Expenditure CANASSER ENDORSEMENT LITERATURE	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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 EL SOL BROADCASTING		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 611 W. NATIONAL AVE #201		Amount 250.00	
City MILWAUKEE	State WI	Zip Code 53204	Transaction ID : F57.000003
Purpose of Expenditure RADIO COMMERCIALS	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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) SUBTOTAL of Itemized Independent Expenditures.....	4007.45
(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)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee BUSTOS MEDIA		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 1138 S 108th St		Amount 245.00	
City MILWAUKEE	State WI	Zip Code 53214	
Purpose of Expenditure RADIO COMMERCIALS		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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) ▶	

Transaction ID : F57.000004

Full Name (Last, First, Middle Initial) of Payee NORMAN, JACK, , ,		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 5900 W VALLEY FORGE DR		Amount 260.62	
City MILWAUKEE	State WI	Zip Code 53213	
Purpose of Expenditure C4 PROGRAM STAFF		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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) ▶	

Transaction ID : F57.000005

Full Name (Last, First, Middle Initial) of Payee VALADEZ, JUANA, , ,		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 2541 N. FARWELL AVE		Amount 58.12	
City MILWAUKEE	State WI	Zip Code 53211	
Purpose of Expenditure CANVASSER		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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) ▶	

Transaction ID : F57.000006

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	563.74
(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)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee SEGURA, MERCEDES, , ,		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 8016 W. SCRANTON PL		Amount 46.12	
City MILWAUKEE	State WI	Zip Code 53218	Transaction ID : F57.000007
Purpose of Expenditure CANVASS	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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 RAMIREZ, BETHANIA, , ,		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 3047 S 8TH ST		Amount 71.25	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000008
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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 PLASCENCIA, NURY, , ,		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 1116 S 33RD ST		Amount 46.12	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000009
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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) SUBTOTAL of Itemized Independent Expenditures.....	163.49
(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)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee PEREZ, ELIZABETH, , ,		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 2419 S 17TH ST		Amount 61.12	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000010
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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 ROWELL-ORTIZ, LIVIA, , ,		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 2605 S 6TH ST		Amount 58.87	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000011
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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 ORNELAS, MARIA, , ,		Date of Public Distribution/Dissemination 10 / 19 / 2016	
Mailing Address 2452 S. 31ST ST.		Amount 97.12	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000012
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input 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) SUBTOTAL of Itemized Independent Expenditures.....	217.11
(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)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee MONTERO, DENIS, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address 2209 W. OKLAHOMA AVE		Amount 97.87	
City MILWAUKEE	State WI	Zip Code 53215	
Purpose of Expenditure CANVASSER		Category/Type 001	Transaction ID : F57.000013
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee LOZANO, ANDREA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address N1974 COUNTY RD. H		Amount 36.38	
City LAKE GENEVA	State WI	Zip Code 53147	
Purpose of Expenditure CANVASSER		Category/Type 001	Transaction ID : F57.000014
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) _____	

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	134.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5086.04