

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 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. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Individual filers only | 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 | 1 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

THROUGH

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| M | M |
| 1 | 0 |

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| | |
|---|---|
| D | D |
| 3 | 1 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 2 | 0 |

6. TOTAL CONTRIBUTIONS

| |
|-----|
| .00 |
|-----|

7. TOTAL INDEPENDENT EXPENDITURES.....

| |
|---------|
| 1365.31 |
|---------|

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Jeralyn Wendelberger

11/01/2010

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
Canvass Consultants

Date

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

Mailing Address
2165 N. 60th St.

Amount

75.00

City State Zip Code
Milwaukee WI 53208

Purpose of Expenditure
consulting

Category/
Type

Office Sought: House State: WI
 Senate
 President District: _____

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

Check One: Support Oppose

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

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Stipends Volunteers/Canvass

Date

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

Mailing Address
c/o Voces de la Frontera
1027 S. 5th St.

Amount

170.38

City State Zip Code
Milwaukee WI 53204

Purpose of Expenditure
volunteers/Canvass - Stipends

Category/
Type

Office Sought: House State: WI
 Senate
 President District: _____

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

Check One: Support Oppose

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

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Employees Voces de la Frontera

Date

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

Mailing Address
c/o Voces de la Frontera
1027 S. 5th St.

Amount

270.38

City State Zip Code
Milwaukee WI 53204

Purpose of Expenditure
training/canvassing

Category/
Type

Office Sought: House State: WI
 Senate
 President District: _____

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

Check One: Support Oppose

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

Disbursement For: Primary General
2010
 Other (specify) _____

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

515.76

(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
Weber Printing Co.

Date

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

Mailing Address
3048 N. 34th St.

Amount

849.55

City State Zip Code
Milwaukee WI 53210

Purpose of Expenditure
printing

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

Disbursement For: Primary General

2010
 Other (specify) _____

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

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

849.55

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

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

1365.31