

# FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name VoteVets Action Fund		<b>2. FEC Identification Number</b> <b>C</b> C30001275
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 303 Park Ave. S.	(c) City, State and ZIP Code New York NY 10010	
(d) Name of Employer or Principal Place of Business		(e) Occupation

<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b>					
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td>through</td> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>1 0 / 1 3 / 2 0 1 0</td> <td></td> <td>1 1 / 0 2 / 2 0 1 0</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	1 0 / 1 3 / 2 0 1 0	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
1 0 / 1 3 / 2 0 1 0		1 1 / 0 2 / 2 0 1 0				

**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y **(b) Communication Title** Easier

1 0 / 1 3 / 2 0 1 0

**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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?** Yes  No

**8. Custodian of Records**

(a) Name  
Peter Mellman

(b) Address (number and street)  
1425 NW 19th Ave

(c) City, State and ZIP Code  
Portland OR 97209

(d) Name of Employer or Principal Place of Business  
VoteVets Action Fund

(e) Occupation  
CFO

**9. Total Donations This Statement** \_\_\_\_\_ .00

**10. Total Disbursements/Obligations This Statement** \_\_\_\_\_ 252309.46

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 Electronically Filed by Peter Mellman DATE 10/13/2010

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

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Buying Time, LLC <hr/> Mailing Address of Payee 650 Massachusetts Ave NW <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20001</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Washington	DC	20001	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 2 / 2 0 1 0</td> </tr> </table> <hr/> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">238445.00</td> </tr> </table> <hr/> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 3 / 2 0 1 0</td> </tr> </table> <hr/> <b>Transaction ID :</b> F93.000001	M M / D D / Y Y Y Y	1 0 / 1 2 / 2 0 1 0	238445.00	M M / D D / Y Y Y Y	1 0 / 1 3 / 2 0 1 0
City	State	Zip Code												
Washington	DC	20001												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
1 0 / 1 2 / 2 0 1 0														
238445.00														
M M / D D / Y Y Y Y														
1 0 / 1 3 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s))  
 Broadcast and cable TV buy (Easier)

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

  

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

  

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Envision Communications, Inc. <hr/> Mailing Address of Payee 2715 M Street NW <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Washington	DC	20007	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 2 / 2 0 1 0</td> </tr> </table> <hr/> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">13864.46</td> </tr> </table> <hr/> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 3 / 2 0 1 0</td> </tr> </table> <hr/> <b>Transaction ID :</b> F93.000002	M M / D D / Y Y Y Y	1 0 / 1 2 / 2 0 1 0	13864.46	M M / D D / Y Y Y Y	1 0 / 1 3 / 2 0 1 0
City	State	Zip Code												
Washington	DC	20007												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
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13864.46														
M M / D D / Y Y Y Y														
1 0 / 1 3 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s))  
 Ad production costs (Easier)

Name of Federal Candidate Chellie Pingree	Office Sought:	<input checked="" type="checkbox"/> House	State: ME	Disbursement/Obligation For: 2010
		<input type="checkbox"/> Senate	District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

F94.000003

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

  

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	252309.46
<b>TOTAL</b> This Period (last page this line number only) .....	252309.46
(carry total from last page to line 10)	