

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 / 23 / 2014
through
M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

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

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

(b) Communication Title

Actions

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

_____,_____,_____.31995.00

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 10/23/2014

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		Transaction ID : F91.000001	
Jonathan Soltz			
(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	(e) Occupation		
VOTEVETS ACTION FUND	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 Solidarity Strategies			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 22 / 2014		
Mailing Address of Payee PO Box 52092			Amount 31995.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y 10 / 23 / 2014		
Washington	DC	20091			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Direct Mail design and postage ("Actions")			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
Kay Hagan	<input checked="" type="checkbox"/>	Senate	NC	2014	
	<input type="checkbox"/>	President	District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
Thom Tillis	<input checked="" type="checkbox"/>	Senate	NC	2014	
	<input type="checkbox"/>	President	District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000003					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
	<input type="checkbox"/>	President	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:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
	<input type="checkbox"/>	President	District:		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
	<input type="checkbox"/>	President	District:		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
	<input type="checkbox"/>	President	District:		
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			31995.00		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			31995.00		