

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 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
2	1

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">18000.00</td></tr></table>	18000.00
18000.00		
7. TOTAL INDEPENDENT EXPENDITURES.....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">987.50</td></tr></table>	987.50
987.50		

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
Jeanne Marie Geraci	_____	10/21/2010

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-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)

Voces de la Frontera Action

Mailing Address
1027 S. 5th Street

City	State	Zip Code
Milwaukee	WI	53204

FEC ID number of contributing federal political committee. **C**

Date of Receipt

/ /

Transaction ID: F56.000001

Amount of Each Receipt this Period

Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Telemundo, WI (WYTU)

Date

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

Mailing Address
39936 Treasury Center

Amount

987.50

City State Zip Code
Chicago IL 60694

Purpose of Expenditure
Commercial TV Ad

Category/
Type

Office Sought:

House State: WI

Senate Senate District: _____

President

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

Check One: Support Oppose

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

Disbursement For: Primary General

Other (specify) _____

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

987.50

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

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

987.50