

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

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	1

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 

.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

2294.48
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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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Jeanne Marie Geraci	_____	11/02/2010

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  
Stipend Volunteer

Date

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

Mailing Address  
c/o 1027 S. 5th Street

Amount

432.50

City State Zip Code  
Milwaukee WI 53204

Purpose of Expenditure  
volunteer canvassers

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

Date

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

Mailing Address  
c/o 1027 S. 5th Street

Amount

57.93

City State Zip Code  
Milwaukee WI 53204

Purpose of Expenditure  
staff organizer

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  
Canvass Consultants

Date

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

Mailing Address  
2165 N. 60th Street

Amount

105.00

City State Zip Code  
Milwaukee WI 53208

Purpose of Expenditure  
consultant

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 .....

595.43

(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

Date

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

Mailing Address  
3048 North 34th Street

Amount

1699.05

City State Zip Code  
Milwaukee WI 53210

Purpose of Expenditure  
printing GOTV brochure, Vote today

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 .....

1699.05

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

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

2294.48