

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 VoteVets.org Action Fund		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 303 Park Ave. S., #1293		
(c) City, State and ZIP Code New York NY 10010		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" 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 ^M10 / ^D24 / ^Y2008
THROUGH
^M10 / ^D31 / ^Y2008

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 95881.62

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation 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
Peter Mellman		10/25/2008

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

28039901389

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VoteVets.org Action Fund

Full Name (Last, First, Middle Initial) of Payee
 Buying Time, LLC

Date

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 8

Mailing Address
 2715 M Street NW
 Suite 400

Amount

95000.00

City State Zip Code
 Washington DC 20007

Purpose of Expenditure
 Media Buy (Body Armor)

Category/
 Type

Office Sought: ☐ House State: GA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
 Saxby Chambliss

Check One: ☐ Support ☒ Oppose

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

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
 Envision Communications

Date

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 8

Mailing Address
 2715 M Street NW
 Suite 100

Amount

881.62

City State Zip Code
 Washington DC 20007

Purpose of Expenditure
 Production and Editing Costs (Body Armor)

Category/
 Type

Office Sought: ☐ House State: GA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
 Saxby Chambliss

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 95881.62

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

(c) TOTAL Independent Expenditures 95881.62
 (carry total from last page forward to Line 7)

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Webform # 341</i>	Date of Receipt or Postmarked <i>10/25/08</i>
 PREPARER (3/2005)	<i>10/27/08</i> DATE PREPARED

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