

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	2

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS	<input style="width: 90%;" type="text" value="00"/>
7. TOTAL INDEPENDENT EXPENDITURES.....	<input style="width: 90%;" type="text" value="320.00"/>

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

Geraci Marie Jeanne

10/25/2010

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
canvassers volunteer

Date

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

Mailing Address

Amount

320.00

City
RAcine

State
WI

Zip Code

Purpose of Expenditure
canvass stipends

Category/
Type

Office Sought:

House

State: _____

Senate

Senate

District: _____

President

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:
2010

Primary

General

Other (specify) _____

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

320.00

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

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

320.00