

# 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 / 20 / 2014  
through  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

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

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

### (b) Communication Title

Results

### 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 10/20/2014

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**

<b>A.</b> (a) Name		<b>Transaction ID : F91.000001</b>	
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	VOTEVETS ACTION FUND		(e) Occupation CHAIR
<b>B.</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	
<b>C.</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	
<b>D.</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	
<b>E.</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	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee  <b>Solidarity Strategies</b></p> <p>Mailing Address of Payee                  PO Box 52092</p> <p>City State Zip Code                  Washington DC 20091</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))                  Direct Mail design and postage</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>NC</u>                  Kay Hagan <input checked="" type="checkbox"/> Senate District: <u>00</u>  <input type="checkbox"/> President</p> <p><b>Transaction ID : F94.000002</b></p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation                  M M M / D D D / Y Y Y Y Y Y                  10 20 2014</p> <p>Amount                  31995.00</p> <p>Communication Date                  M M M / D D D / Y Y Y Y Y Y                  10 20 2014</p> <p><b>Transaction ID : F93.000001</b></p> <p>Disbursement/Obligation For: 2014  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation                  M M M / D D D / Y Y Y Y Y Y</p> <p>Amount</p> <p>Communication Date                  M M M / D D D / Y Y Y Y Y Y</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>
<p><b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶                  (carry total from last page to Line 10)</p>	