

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
303 Park Ave. S.
1293(c) City, State and ZIP Code
New York NY 10010**2. FEC Identification Number****C** C30001275

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement**New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

through

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012(b) Communication Title Lucky**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)
303 PARK AVE S #1293

(c) City, State and ZIP Code

NEW YORK

NY 10010

(d) Name of Employer or Principal Place of Business

VoteVets.org Action Fund

(e) Occupation

CFO

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 160025.00

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

10/24/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies Mailing Address of Payee 3050 K Street NW City State Zip Code Washington DC 20007 Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s)) Broadcast TV buy (Lucky)				Date of Disbursement or Obligation MM / DD / YYYY 10 23 2012 Amount MM / DD / YYYY 160025.00 Communication Date MM / DD / YYYY 10 23 2012	
Transaction ID : F94.000002 Name of Federal Candidate Office Sought: ☐ House State: MT Jon Tester ☒ Senate District: 00 ☐ President				Disbursement/Obligation For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▶	
Name of Federal Candidate Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee City State Zip Code Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President				Date of Disbursement or Obligation MM / DD / YYYY Amount MM / DD / YYYY Communication Date MM / DD / YYYY	
Name of Federal Candidate Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				MM / DD / YYYY 160025.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				MM / DD / YYYY 160025.00	