

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

VoteVets Action Fund

(b) Address (number and street)

☐ check if different than previously reported

303 Park Ave. S.

(c) City, State and ZIP Code

New York

NY

10010

(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 / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

through

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

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

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

(b) Communication Title

Easier

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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Peter Mellman

(b) Address (number and street)

1425 NW 19th Ave

(c) City, State and ZIP Code

Portland

OR

97209

(d) Name of Employer or Principal Place of Business

VoteVets Action Fund

(e) Occupation

CFO

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

71555.00

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 Electronically Filed by Peter Mellman

DATE 10/08/2010

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**Disbursement(s) Made or Obligations**

PAGE 2 / 2

A. Full Name (Last, First, Middle Initial) of Payee Buying Time, LLC				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0	
Mailing Address of Payee 650 Massachusetts Ave NW				Amount 71555.00	
City Washington	State DC	Zip Code 20001		Communication Date M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0	
Name of Employer		Occupation		Transaction ID : F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) Broadcast and cable TV buy (Easier)					
Name of Federal Candidate Chellie Pingree	Office Sought:	☒ House ☐ Senate ☐ President	State: ME District: 01	Disbursement/Obligation For: 2010 ☐ Primary ☒ General ☐ Other (specify) _____	
F94.000002					
Name of Federal Candidate	Office Sought:	☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____	
Name of Federal Candidate	Office Sought:	☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				71555.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				71555.00	