

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---	---	---

5. COVERING PERIOD:

FROM

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---	---	---

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---	---	---

6. TOTAL CONTRIBUTIONS.....	.00
7. TOTAL INDEPENDENT EXPENDITURES	1283.92

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

FLORES, NANCY, NATALY, ,

FLORES, NANCY, NATALY, ,

10/22/2016

[Electronically Filed]

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee VALADEZ, JUANA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 2541 N. FARWELL ST.		Amount 80.62	
City Milwaukee	State WI	Zip Code 53211	Transaction ID : F57.000001
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee TRUJILLO, JORELY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 3711 W. HILDA PL.		Amount 40.50	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000002
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEGURA, MERCEDES, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 8016 W. SCRANTON PL.		Amount 90.75	
City MILWAUKEE	State WI	Zip Code 53218	Transaction ID : F57.000003
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	211.87
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee RAMIREZ, BETHANIA, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address 3047 S. 8TH ST.		Amount 98.63	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000004
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PLASCENCIA, NURY, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address 1116 S. 33RD. ST.		Amount 62.25	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000005
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PEREZ, ELIZABETH, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address 2419 S. 17TH ST.		Amount 16.87	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000006
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	177.75
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee ROWELL-ORTIZ, LIVIA, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address 2605 S. 6TH ST.		Amount 61.50	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000007
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ORNELAS, MARIA, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address 2452 S. 31ST.		Amount 105.75	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000008
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee MONTERO, DENIS, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address 2209 W. OKLAHOMA AVE.		Amount 75.37	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000009
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	242.62
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee LOZANO, ANDREA, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address N1974 COUNTY RD. H		Amount 69.75	
City LAKE GENEVA	State WI	Zip Code 53147	Transaction ID : F57.000010
Purpose of Expenditure CANVASSER	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee HERNANDEZ, OSCAR, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address 3266 S. 12TH ST.		Amount 46.87	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000011
Purpose of Expenditure CANVASSER	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee HERNANDEZ, CRISTINA, , ,		Date of Public Distribution/Dissemination 10 / 21 / 2016	
Mailing Address 2524 W. MITCHELL ST.		Amount 55.87	
City MILWAUKEE	State WI	Zip Code 53204	Transaction ID : F57.000012
Purpose of Expenditure CANVASSER	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	172.49
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee HARVEY, SHANA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 2194 SHOREWOOD DR.		Amount 79.12	
City GRAFTON	State WI	Zip Code 53024	Transaction ID : F57.000013
Purpose of Expenditure CANVASSER	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee CAMARILLO, RUTH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 830 E. LOCUST ST		Amount 119.62	
City MILWAUKEE	State WI	Zip Code 53212	Transaction ID : F57.000014
Purpose of Expenditure CANVASSER	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee CARDONA, SAMANTHA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 3240 A. S. 9TH ST.		Amount 78.75	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000015
Purpose of Expenditure CANVASSER	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	277.49
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee CRUZ, WALESKA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 2201 W. SUNBURY CT.		Amount 101.70	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000016
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought _____ .00			

Full Name (Last, First, Middle Initial) of Payee SPEEDWAY		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 907 W. GREENFIELD AVE		Amount 100.00	
City MILWAUKEE	State WI	Zip Code 53204	Transaction ID : F57.000017
Purpose of Expenditure GAS CARDS FOR VOLUNTEER CANVASSERS KNOCKING DOORS FOR HILLARY	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought _____ .00			

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought _____ .00			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	201.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1283.92