

# 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 <b>C</b> 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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	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  /  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES.....

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
Jeralyn Wendelberger		11/04/2010

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-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

**A.** Full Name (Last, First, Middle Initial)

Voces de la Frontera Action

Mailing Address  
1027 S. 5th St.

City	State	Zip Code
Milwaukee	WI	53204

FEC ID number of contributing federal political committee. **C**

Date of Receipt

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

Transaction ID: F56.000001

Amount of Each Receipt this Period

9000.00

Name of Employer Occupation

**SUBTOTAL** of Receipts This Page (optional) .....

9000.00

**TOTAL** This Period (last page carry total to Line 6) .....

9000.00

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee  
Canvass Consultants

Date

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

Mailing Address  
2165 N. 60th St.

Amount

2500.00

City State Zip Code  
Wauwatosa WI 53204

Purpose of Expenditure  
consulting

Category/  
Type

Office Sought:

House State: WI  
 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:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

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

2500.00

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

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

2500.00