

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 AMERICA VOTES		3. FEC Identification Number C C90012097
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1401 NEW YORK AVE NW SUITE 720		
(c) City, State and ZIP Code WASHINGTON DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	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

M	M
1	0

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

13797.20

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

Susan Finkle

10/29/2010

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-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICA VOTES

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

Zata 3

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Mailing Address

458 New Jersey Ave SE

Amount

354.80

City

Washington

State

DC

Zip Code

20003

Purpose of Expenditure

Phone Calls

Category/
Type

Office Sought:

☒

House

State: WI

House

☐

Senate

☐

President

District: 07

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Julie Lassa

Calendar Year-To-Date Per Election
for Office Sought

354.80

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

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

Zata 3

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Mailing Address

458 New Jersey Ave SE

Amount

413.60

City

Washington

State

DC

Zip Code

20003

Purpose of Expenditure

Phone Calls

Category/
Type

Office Sought:

☒

House

State: WI

House

☐

Senate

☐

President

District: 08

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Steve Kagen

Calendar Year-To-Date Per Election
for Office Sought

413.60

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

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

Zata 3

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Mailing Address

458 New Jersey Ave SE

Amount

6169.60

City

Washington

State

DC

Zip Code

20003

Purpose of Expenditure

Phone Calls

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 24

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mike Arcuri

Calendar Year-To-Date Per Election
for Office Sought

6169.60

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

6938.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICA VOTES

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

Zata 3

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Mailing Address

458 New Jersey

Amount

6859.20

City

Washington

State

DC

Zip Code

20003

Purpose of Expenditure

Phone calls

Category/
Type

Office Sought:

☒

House

State: NC

House

☐

Senate

☐

President

District: 08

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Larry Kissell

Disbursement For:

☐

Primary

☒

General

2010

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

6859.20

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

6859.20

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

13797.20