

**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 <b>AMERICA VOTES</b>		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C90012097         </div>
(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. <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 M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES..... 890.00

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

10/31/2010

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		3	0		2	0	1	0

Mailing Address  
458 New Jersey Ave SE

Amount

445.00

City  
WashingtonState  
DCZip Code  
20003Purpose of Expenditure  
Phone CallsCategory/  
Type

Office Sought:

☒

House

State: FL

House

☐

Senate

District: 02

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Allen BoydCalendar Year-To-Date Per Election  
for Office Sought

6528.20

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		3	0		2	0	1	0

Mailing Address  
458 New Jersey Ave SE

Amount

445.00

City  
WashingtonState  
DCZip Code  
20003Purpose of Expenditure  
Phone CallsCategory/  
Type

Office Sought:

☒

House

State: FL

House

☐

Senate

District: 22

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Ron KleinCalendar Year-To-Date Per Election  
for Office Sought

13189.80

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)

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

890.00

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

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

890.00