

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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.	Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">Individual filers only</td> <td style="border: none; width: 65%;">Name of Employer</td> <td style="border: none; width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
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 / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

THROUGH

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

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

11493.60

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	8		2	0	1	0

Mailing Address
458 New Jersey Ave SE

Amount

6085.60

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

Office Sought:

☒

House

State: WI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐

Oppose

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

6440.00

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	8		2	0	1	0

Mailing Address
458 New Jersey Ave SE

Amount

5408.00

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

Office Sought:

☒

House

State: WI

House

☐

Senate

District: 08

☐

President

Check One:

☒

Support

☐

Oppose

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

5821.60

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

11493.60

(b) SUBTOTAL of Unitemized Independent Expenditures

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

11493.60