

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **VOTEVETS.ORG ACTION FUND**

(b) Address (number and street)  check if different than previously reported  
303 Park Ave. S.  
1293

(c) City, State and ZIP Code  
New York NY 10010

(d) Name of Employer or Principal Place of Business (e) Occupation

### 2. FEC Identification Number

**C** C30001275

### 3. Is This Statement

**New**  
or  
 **Amended**

### 4. Covering Period

/  /   
through  
 /  /

### 5. (a) Date of Public Distribution(s)

/  /

### (b) Communication Title

Lucky

### 6. The filer is a(n):

(a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)  
(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  
(e)  Other, specify: \_\_\_\_\_

### 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes  No

### 8. Custodian of Records

(a) Name  
Peter Mellman

(b) Address (number and street)  
303 Park Ave. S. #1293

(c) City, State and ZIP Code  
New York NY 10010

(d) Name of Employer or Principal Place of Business (e) Occupation  
VoteVets.org Action Fund CFO

### 9. Total Donations This Statement

,  ,  .00

### 10. Total Disbursements/Obligations This Statement

,  ,

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Peter Mellman

SIGNATURE Peter Mellman

[Electronically Filed] DATE 10/30/2012

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Waterfront Strategies</b> Mailing Address of Payee 3050 K Street NW <hr/> City State Zip Code Washington DC 20007 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Broadcast TV buy (Lucky)	Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>29</td><td></td><td></td><td>2012</td><td></td><td></td><td></td></tr> </table> Amount <table border="1" style="width:100%; text-align: right;"> <tr><td>69805.13</td></tr> </table> Communication Date <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>29</td><td></td><td></td><td>2012</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10			29			2012				69805.13	M	M	/	D	D	/	Y	Y	Y	Y	10			29			2012			
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