

# 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

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.....

1835.04

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

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**

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 0 / 2 8 / 2 0 1 0

Mailing Address  
2165 N. 60th St.

Amount

108.75

City State Zip Code  
Milwaukee WI 53208

Purpose of Expenditure  
consulting

Category/  
Type

Office Sought:  House State: WI  
 Senate  
 President District: \_\_\_\_\_

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) \_\_\_\_\_

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

Date

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

Mailing Address  
c/o Voces de la Frontera  
1027 S. 5th St.

Amount

291.25

City State Zip Code  
Milwaukee WI 53204

Purpose of Expenditure  
volunteers - stipends

Category/  
Type

Office Sought:  House State: WI  
 Senate  
 President District: \_\_\_\_\_

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) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Weber Printing Co.

Date

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

Mailing Address  
3048 N. 34th St.

Amount

229.68

City State Zip Code  
Milwaukee WI 53210

Purpose of Expenditure  
Printing

Category/  
Type

Office Sought:  House State: WI  
 Senate  
 President District: \_\_\_\_\_

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 .....

629.68

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

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

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

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee  
Union Copy Centers, Inc.

Date

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

Mailing Address  
3060 S. 43rd St.

Amount

325.00

City State Zip Code  
Milwaukee WI 53219

Purpose of Expenditure  
printing

Category/  
Type

Office Sought:  House State: WI  
 Senate  
 President District: \_\_\_\_\_

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) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Employees Voces de la Frontera

Date

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

Mailing Address  
c/o Voces de la Frontera  
1027 S. 5th St.

Amount

248.30

City State Zip Code  
Milwaukee WI 53204

Purpose of Expenditure  
employee time training/canvassing

Category/  
Type

Office Sought:  House State: WI  
 Senate  
 President District: \_\_\_\_\_

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) \_\_\_\_\_

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

Date

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

Mailing Address  
1138 S. 108th St.

Amount

510.00

City State Zip Code  
West Allis WI 53214

Purpose of Expenditure  
Radio ad

Category/  
Type

Office Sought:  House State: WI  
 Senate  
 President District: \_\_\_\_\_

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 .....

1083.30

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

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

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

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

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

Date

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

Mailing Address  
c/o Voces de la Frontera  
1027 S. 5th St.

Amount

36.56

City State Zip Code  
Milwaukee WI 53204

Purpose of Expenditure  
reimbursement to volunteer for meals

Category/  
Type

Office Sought:  House State: WI  
 Senate  
 President District: \_\_\_\_\_

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) \_\_\_\_\_

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

Date

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

Mailing Address  
c/o Voces de la Frontera  
1027 S. 5th St.

Amount

85.50

City State Zip Code  
Milwaukee WI 53204

Purpose of Expenditure  
reimbursement to volunteer for van/travel

Category/  
Type

Office Sought:  House State: WI  
 Senate  
 President District: \_\_\_\_\_

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 .....

122.06

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

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

1835.04