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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines **VOTEVETS** 1831 Bay Street, SE ADDRESS (number and street) Check if different than previously DC 20003 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00418897 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2010 03 3 1 2010 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Peter Granato Type or Print Name of Treasurer Electronically Filed by Peter Granato 04 14 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

A. Form/Schedule: F3XN

Transaction ID:

The expenditures listed as Strategic Management Services on Schedule B were not made on behalf of any federal candidates and were properly disclosed on the corresponding disbursement schedule of the report. The expenditures disclosed on Schedule B for Communications Services are not public communications or voter drive activity containing express advocacy. These expenditures were made exclusively to support the activities of VoteVets.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 22

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	01 2010	To: 0 3 0 3 2 0 1 0
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		54702.44
	(b) Cash on Hand at Begining of Reporting Period	54702.44	
	(c) Total Receipts (from Line 19)	7270.51	7270.51
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61972.95	61972.95
7.	Total Disbursements (from Line 31)	14003.16	14003.16
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47969.79	47969.79
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 22

Write or Type Committee Name VOTEVETS

Report Covering the Period:

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From:

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Y Y W Y 2010 o. 03

D D 3 1

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	5000.00	5000.00
	(ii) Unitemized	2270.51	2270.51
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	7270.51	7270.51
(b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7270.51	7270.51
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	7270.51	7270.51
	otal Federal Receipts subtract Line 18(c) from Line 19)	7270.51	7270.51

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 22

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
'	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
((b) Other Federal Operating Expenditures	14003.16	14003.16
((c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	14003.16	14003.16
	Transfers to Affiliated/Other Party Committees	0.00	0.00
3. (Contributions to	0.00	0.00
I	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
. 1	Independent Expenditure	0.00	0.00
((use Schedule E)	0.00	0.00
. (Coordinated Experiditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. I	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
((b) Political Party Committees	0.00	0.00
((c) Other Political Committees	0.00	0.00
,	(such as PACs)	0.00	0.00
((d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
). (Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i cacia chaic		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14003.16	14003.16
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	14002.16	14002.16
	from Line 31)	14003.16	14003.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 22

III.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	e 11(d), page 3)	7270.51	7270.51
	ntribution Refunds ne 28(d))	0.00	0.00
	tributions (other than loans) t Line 34 from Line 33)	7270.51	7270.51
	deral Operating Expenditures e 21(a)(i) and Line 21(b))	14003.16	14003.16
	to Operating Expenditures ne 15, page 3)	0.00	0.00
•	rating Expenditures t Line 37 from Line 36)	14003.16	14003.16

FE6AN026

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7/22 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c 12 **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **VOTEVETS** Full Name (Last, First, Middle Initial) Date of Receipt Gail Furman Mailing Address 151 E 83rd St 03 26 2010 City State Zip Code Transaction ID: C18348193 New York NY 10028-1906 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Self-Employed Occupation Psychologist Receipt For: Aggregate Year-to-Date Primary General 5000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

		3 (FEC Form 3X)		arate schedule(s) category of the		FOR LIN (check or		ER:		PAGE	8 / 22	2
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	Purpose of Disbur Payroll Taxes	rsement				•	† L.				66.28	
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		First, Middle Initial)					1		ID: D4(0582		
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Full Name (Last, First, Middle Initial) Blackrock Associates, LLC				Date of	ction ID f Disburs	emen			_
Mailing Address 1936 University Ave. Suite 191				01	1 / D	1 9	/ Y	ž 0 1 () Y
City	State Zip Code			Amour	nt of Each	n Disb	ursen	nent this I	Period
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NAME OF COMMITTEE (In Full) VOTEVETS														
Full Name (Last, First, Middle Initial) Eric Schmeltzer								isburs	ement			, · · · · · · · ·	Y	
Mailing Address 75 Sutton St # 1						0 1		1	5	L	2	0 1	0	
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NAME OF COMMITTEE (In Full) VOTEVETS														
Full Name (Last, First, Middle Initial) Eric Schmeltzer							Date			er			2010	n ^Y
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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(che	LINE I	NUMBE one) 22 28a		23 28b	P. 24 28c	AGE	15 / 2 25 29	22
	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) VOTEVETS											5
. <u></u>	Full Name (Last, First, Middle Initial) Evans & Katz LLC Mailing Address 1831 Bay Street, SE					Trans Date of	of Dis	burse	D400 ement		0 Ĭ () ^Y
	City Washington Purpose of Disbursement	State DC	Zip Code 20003			Amou	nt of	Each	Disburse	-	this I	
	Accounting Services Candidate Name	amont For		ategor Type	у/							
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼									
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	Office Sought: House Disburs	ement For: Primary Other (spe	General ▼									
	Full Name (Last, First, Middle Initial) Les MacDonald					Date		burse	D400 ement		Y	Y
	Mailing Address One Caryl Lane					0 1		1	5 /	2	0 ť ()
	City Philadelphia	State PA	Zip Code 19118			Amou	nt of	Each	Disburse	ement	this f	Period
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	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼	. 100								
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	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
•	LIMIZED DISDONSEMENTS	Detailed Summary Page		X 21b 27	22 23 24 25 2 28a 28b 28c 29 3
	ny Information copied from such Reports and Star for commercial purposes, other than using the r			any person fo	or the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) VOTEVETS				
	Full Name (Last, First, Middle Initial) Les MacDonald				Transaction ID: D400643 Date of Disbursement
	Mailing Address One Caryl Lane				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
	City Philadelphia	State Zip Code PA 19118			Amount of Each Disbursement this Period
	Purpose of Disbursement Strategic Management Services			•	625.00
	Candidate Name		1	ategory/ Type	
	Senate President	ursement For: Primary Genera Other (specify) ▼	•		
_	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: D400644
	Les MacDonald				Date of Disbursement
	Mailing Address One Caryl Lane				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	City Philadelphia	State Zip Code PA 19118			Amount of Each Disbursement this Period
	Purpose of Disbursement Strategic Management Services			• • •	625.00
	Candidate Name			ategory/ Type	
	Office Sought: House Disbring Senate President	ursement For: Primary Genera Other (specify) ▼	-	71	
	State: District:				
	Full Name (Last, First, Middle Initial) Les MacDonald				Transaction ID: D400645 Date of Disbursement
	Mailing Address One Caryl Lane				$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & I & O \end{smallmatrix} \end{bmatrix}$
	City Philadelphia	State Zip Code PA 19118			Amount of Each Disbursement this Period
	Purpose of Disbursement		Tr		625.00
	Strategic Management Services Candidate Name			ategory/ Type	
	Office Sought: House Disb	ursement For: Primary Genera Other (specify) ▼	-	туре	
	State: District:	□ Strict (opsony) ▼			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and address of any political	Committee to soi	icii contributions from such committee
VOTEVETS			
Full Name (Last, First, Middle Initial)			Transaction ID: D400646
Les MacDonald			Date of Disbursement
Mailing Address One Caryl Lane			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	PA 19118		625.00
Purpose of Disbursement Strategic Management Services			025.00
Candidate Name		Category/	
		Туре	
Office Sought: House Disburse Senate	ement For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: D400647
Les MacDonald			Date of Disbursement
Mailing Address One Caryl Lane			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & 3 & D \\ 0 & 3 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
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Philadelphia Purpose of Disbursement	PA 19118		625.00
Strategic Management Services			
Candidate Name		Category/ Type	
° 🗎 –	ement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Tourist (opening)		
Full Name (Last, First, Middle Initial)			Transaction ID: D400636
Peter Mellman			Date of Disbursement
Mailing Address 1425 NW 19th Ave #11			$\begin{bmatrix} 0 & 1 & M & M & M & M & M & M & M & M & M$
	State Zip Code OR 97209		Amount of Each Disbursement this Period
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Salary			
Candidate Name		Category/ Type	
Office Sought: House Disburse	ement For:	турс	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		>	1575.00

	E B (FEC Form 3X)		parate schedule(s)	_	NE NUMBER: PAGE 18 /	22
	DISBURSEMENTS	Detailed	category of the Summary Page	X 21b 27	22 23 24 25 28a 28b 28c 29	
Any Information of	copied from such Reports and State	ements may r	not be sold or used	by any perso	on for the purpose of soliciting contribution solicit contributions from such committee	าร
	OMMITTEE (In Full)	mo and addiv	see of any pointed.			
Full Name (La Peter Mellm	ast, First, Middle Initial) nan				Transaction ID: D400637 Date of Disbursement	
Mailing Addre	ess 1425 NW 19th Ave #11				01	0
City Portland		State OR	Zip Code 97209		Amount of Each Disbursement this	
Purpose of Di Salary					325.0)Ů
Candidate Na	me			Category/ Type		
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Mailing Addre	ess 1425 NW 19th Ave #11				02 12 7 201	0 Y
City Portland		State OR	Zip Code 97209		Amount of Each Disbursement this	Perio
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Mailing Addre	ess 1425 NW 19th Ave #11				02 0 1 2 6 7 2 0 1	0
City Portland		State OR	Zip Code 97209		Amount of Each Disbursement this	-
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 19 / 22 only one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b					
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) VOTEVETS								
Full Name (Last, First, Middle Initial) Peter Mellman			Transaction ID: D400640 Date of Disbursement 0 3					
Mailing Address 1425 NW 19th Ave #11								
City Portland	State Zip Code OR 97209		Amount of Each Disbursement this Period					
Purpose of Disbursement Salary			325.00					
Candidate Name		Category/ Type						
Senate President	ement For: Primary General Other (specify)	,						
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: D400641					
Peter Mellman			Date of Disbursement					
Mailing Address 1425 NW 19th Ave #11			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix}$					
City Portland	State Zip Code OR 97209		Amount of Each Disbursement this Period					
Purpose of Disbursement Salary		· · ·	325.00					
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	,						
Full Name (Last, First, Middle Initial)			Transaction ID: D400596					
Oxford Health Plans			Date of Disbursement					
Mailing Address PO Box 1697			01					
City Newark	State Zip Code NJ 07101-1697		Amount of Each Disbursement this Period					
Purpose of Disbursement Health Insurance		• •	424.92					
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	71: -						
State: District:	□ Carlot (opcony) ▼							
SUBTOTAL of Disbursements This Page (optional)		>	1074.92					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	NE NUMBER: PAGE 20 / 22 only one)					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I —	<u> </u>	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) VOTEVETS							
Full Name (Last, First, Middle Initial) Oxford Health Plans Mailing Address PO Box 1697				action ID: f Disburse		597 2 0 1	0 ^Y
	State Zip Code			nt of Each			
	NJ 07101-169	7	Amour	il oi Eacii	Disbuise		
Purpose of Disbursement Health Insurance						212.4	16
Candidate Name		Category/ Type					
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial) Lindsay Patross				action ID: f Disburse		617	
Mailing Address 6015 Walnut St.			03 N	/ D 1	5 / Y	ž 0 1	0
•	State Zip Code PA 15206		Amour	nt of Each	Disburse	ment this	Period
Purpose of Disbursement Website Management Fee			T L			520.0	00
Candidate Name		Category/ Type	J				
Senate President	ement For: Primary General Other (specify)	1					
State: District: Full Name (Last, First, Middle Initial)			Transa	action ID:	DANOR	320	
Jonathan Soltz			Date of	f Disburse	ment		
Mailing Address 5290 Duke Street			0 1 N	/ D 1	5 / Y	2 0 1	0 \
City Alexandria	State Zip Code VA 22304		Amour	nt of Each	Disburse		
Purpose of Disbursement Strategic Management Services			7 L.		-	492.0	00
Candidate Name		Category/ Type	'				
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) \(\bigvarpsi	1					
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SUBTOTAL of Disbursements This Page (optional)		I				1224.4	16

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	INE NUMBER: PAGE 21 / 22 only one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26				
		27	28a 28b 28c 29 30b				
Any Information copied from such Reports and Staten or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
/ VOTEVETS							
Full Name (Last, First, Middle Initial)			Transaction ID: D400621				
Jonathan Soltz			Date of Disbursement				
Mailing Address 5290 Duke Street			$\begin{bmatrix}\begin{smallmatrix}M&1&M\\0&1&\end{smallmatrix}\end{bmatrix} \ \begin{bmatrix}\begin{smallmatrix}D&2&0\\2&9\end{smallmatrix}\end{bmatrix} \ \begin{bmatrix}\begin{smallmatrix}Y&&Y&&Y&&Y\\&&2&0&1&0\end{smallmatrix}$				
City	State Zip Code		Amount of Each Disbursement this Period				
Alexandria	VA 22304						
Purpose of Disbursement Strategic Management Services			492.00				
Candidate Name		Category/					
		Туре					
Office Sought: House Disburse Senate	ement For: Primary General						
President	Primary General Other (specify) ▼						
State: District:	, (1)/ V						
Full Name (Last, First, Middle Initial)			Transaction ID: D400622				
Jonathan Soltz			Date of Disbursement				
Mailing Address 5290 Duke Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix} $				
City	State Zip Code		Amount of Each Disbursement this Period				
Alexandria	VA 22304		492.00				
Purpose of Disbursement Strategic Management Services							
Candidate Name		Category/ Type					
	ement For:						
Senate President	Primary General Other (specify) ▼						
State: District:] • a.i.o. (epoony) ↓						
Full Name (Last, First, Middle Initial)			Transaction ID: D400623				
Jonathan Soltz			Date of Disbursement				
Mailing Address 5290 Duke Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix} $				
	State Zip Code		Amount of Each Disbursement this Period				
Alexandria Purpose of Disbursement	VA 22304		492.00				
Strategic Management Services							
Candidate Name		Category/ Type					
	ement For:						
Senate President	Primary General						
State: District:	Other (specify)						
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District:

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SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 22 / 22
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) VOTEVETS		
Full Name (Last, First, Middle Initial) Jonathan Soltz Mailing Address 5290 Duke Street		Transaction ID: D400624 Date of Disbursement M M M D D D Y Y Y O Y O Y O Y O Y O Y O Y O Y
City Alexandria	State Zip Code VA 22304	Amount of Each Disbursement this Period
Purpose of Disbursement Strategic Management Services Candidate Name	Category/ Type	492.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Jonathan Soltz		Transaction ID: D400625 Date of Disbursement
Mailing Address 5290 Duke Street		03 7 3 1 7 2 0 1 0 4
City Alexandria	State Zip Code VA 22304	Amount of Each Disbursement this Period
Purpose of Disbursement Strategic Management Services Candidate Name	Category/	492.00
Office Sought: House Disburse	Type ement For: Primary General	

SUBTOTAL of Disbursements This Page (optional)	•	984.00
TOTAL This Period (last page this line number only)	•	13405.32

Other (specify)

State: