

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

VOTEVETS

ADDRESS (number and street)

1831 Bay Street, SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00418897

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter Granato

Signature of Treasurer

Electronically Filed by Peter Granato

Date

04

14

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.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

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

FEC Form 3X (Rev. 02/2003)

3 / 22

Write or Type Committee Name  
VOTEVETS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2010<sup>Y Y Y</sup></div>		54702.44
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### 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)

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Write or Type Committee Name  
VOTEVETS

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

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
11. 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
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7270.51	7270.51
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers 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
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7270.51	7270.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7270.51	7270.51

## DETAILED SUMMARY PAGE

of Disbursements

5 / 22

FEC Form 3X (Rev. 02/2003)

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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7270.51	7270.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7270.51	7270.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14003.16	14003.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14003.16	14003.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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

**A.**

Full Name (Last, First, Middle Initial)

Gail Furman

Mailing Address 151 E 83rd St

City

New York

State

NY

Zip Code

10028-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: C18348193

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 99 Jefferson Rd, Mail Stop 220

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement

Payroll Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400580

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.57

**B.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 99 Jefferson Rd, Mail Stop 220

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400581

Date of Disbursement

/   /

Amount of Each Disbursement this Period

66.28

**C.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 99 Jefferson Rd, Mail Stop 220

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400582

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.80

**SUBTOTAL** of Disbursements This Page (optional) .....

196.65

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

**A.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 99 Jefferson Rd, Mail Stop 220

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement

Payroll Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400583

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.57

**B.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 99 Jefferson Rd, Mail Stop 220

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400584

Date of Disbursement

/   /

Amount of Each Disbursement this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 99 Jefferson Rd, Mail Stop 220

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement

Payroll Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400585

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.57

**SUBTOTAL** of Disbursements This Page (optional) .....

177.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D400586 <b>Date of Disbursement</b>																				
Mailing Address 99 Jefferson Rd, Mail Stop 220	<table border="1"> <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>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												
City Parsippany State NJ Zip Code 07054	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes	<table border="1"> <tr> <td colspan="10">66.28</td> </tr> </table>	66.28																			
66.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D400587 <b>Date of Disbursement</b>																				
Mailing Address 99 Jefferson Rd, Mail Stop 220	<table border="1"> <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>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	0												
City Parsippany State NJ Zip Code 07054	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Fees	<table border="1"> <tr> <td colspan="10">55.57</td> </tr> </table>	55.57																			
55.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D400588 <b>Date of Disbursement</b>																				
Mailing Address 99 Jefferson Rd, Mail Stop 220	<table border="1"> <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>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	0												
City Parsippany State NJ Zip Code 07054	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes	<table border="1"> <tr> <td colspan="10">66.28</td> </tr> </table>	66.28																			
66.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

188.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D400589																				
Mailing Address	Date of Disbursement																				
99 Jefferson Rd, Mail Stop 220	<table border="1"> <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>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Parsippany	Amount of Each Disbursement this Period																				
State NJ	<table border="1"> <tr> <td colspan="10">55.57</td> </tr> </table>	55.57																			
55.57																					
Zip Code 07054	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Purpose of Disbursement																					
Payroll Fees																					
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>		Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:														
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D400590																				
Mailing Address 99 Jefferson Rd, Mail Stop 220	Date of Disbursement																				
City Parsippany	Amount of Each Disbursement this Period																				
State NJ	<table border="1"> <tr> <td colspan="10">66.28</td> </tr> </table>	66.28																			
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Zip Code 07054	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Purpose of Disbursement																					
Payroll Taxes																					
Candidate Name																					
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D400591																				
Mailing Address 99 Jefferson Rd, Mail Stop 220	Date of Disbursement																				
City Parsippany	Amount of Each Disbursement this Period																				
State NJ	<table border="1"> <tr> <td colspan="10">55.57</td> </tr> </table>	55.57																			
55.57																					
Zip Code 07054	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Purpose of Disbursement																					
Payroll Fees																					
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>		Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:														
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				

**SUBTOTAL** of Disbursements This Page (optional) .....

177.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> D400593 <b>Date of Disbursement</b>
Mailing Address 99 Jefferson Rd, Mail Stop 220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 0</div> </div>
City Parsippany State NJ Zip Code 07054 Purpose of Disbursement Payroll Taxes Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>66.30</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Blackrock Associates, LLC	<b>Transaction ID:</b> D400612 <b>Date of Disbursement</b>
Mailing Address 1936 University Ave. Suite 191	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 1 0</div> </div>
City Berkeley State CA Zip Code 94704 Purpose of Disbursement Database Software & Support Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>175.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Blackrock Associates, LLC	<b>Transaction ID:</b> D400613 <b>Date of Disbursement</b>
Mailing Address 1936 University Ave. Suite 191	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 0</div> </div>
City Berkeley State CA Zip Code 94704 Purpose of Disbursement Database Software & Support Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>175.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**416.30**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
VOTEVETS

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

A.

Full Name (Last, First, Middle Initial)  
Eric Schmeltzer

Mailing Address 75 Sutton St  
# 1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement  
Communications Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400631

Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)  
Eric Schmeltzer

Mailing Address 75 Sutton St  
# 1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement  
Communications Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400632

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)  
Eric Schmeltzer

Mailing Address 75 Sutton St  
# 1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement  
Communications Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400634

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

A.

Full Name (Last, First, Middle Initial)  
Evans & Katz LLC

Mailing Address 1831 Bay Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Accounting Services  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400606

Date of Disbursement

/   /

Amount of Each Disbursement this Period

106.25

B.

Full Name (Last, First, Middle Initial)  
Evans & Katz LLC

Mailing Address 1831 Bay Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Accounting Services  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400607

Date of Disbursement

/   /

Amount of Each Disbursement this Period

233.75

C.

Full Name (Last, First, Middle Initial)  
Les MacDonald

Mailing Address One Caryl Lane

City Philadelphia State PA Zip Code 19118

Purpose of Disbursement  
Strategic Management Services  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400642

Date of Disbursement

/   /

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional) .....

965.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

<b>A.</b> Full Name (Last, First, Middle Initial) Les MacDonald	<b>Transaction ID:</b> D400643 <b>Date of Disbursement</b>																				
Mailing Address One Caryl Lane	<table border="1"> <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>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	1	0												
City Philadelphia State PA Zip Code 19118	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Strategic Management Services Candidate Name	<table border="1"> <tr> <td colspan="10">625.00</td> </tr> </table>	625.00																			
625.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Les MacDonald	<b>Transaction ID:</b> D400644 <b>Date of Disbursement</b>																				
Mailing Address One Caryl Lane	<table border="1"> <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>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	1	0												
City Philadelphia State PA Zip Code 19118	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Strategic Management Services Candidate Name	<table border="1"> <tr> <td colspan="10">625.00</td> </tr> </table>	625.00																			
625.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Les MacDonald	<b>Transaction ID:</b> D400645 <b>Date of Disbursement</b>																				
Mailing Address One Caryl Lane	<table border="1"> <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>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	1	0												
City Philadelphia State PA Zip Code 19118	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Strategic Management Services Candidate Name	<table border="1"> <tr> <td colspan="10">625.00</td> </tr> </table>	625.00																			
625.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1875.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

<b>A.</b> Full Name (Last, First, Middle Initial) Les MacDonald	<b>Transaction ID:</b> D400646 <b>Date of Disbursement</b>																				
Mailing Address One Caryl Lane	<table border="1"> <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>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	1	0												
City Philadelphia State PA Zip Code 19118	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Strategic Management Services Candidate Name	<table border="1"> <tr> <td colspan="10">625.00</td> </tr> </table>	625.00																			
625.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Les MacDonald	<b>Transaction ID:</b> D400647 <b>Date of Disbursement</b>																				
Mailing Address One Caryl Lane	<table border="1"> <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>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
City Philadelphia State PA Zip Code 19118	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Strategic Management Services Candidate Name	<table border="1"> <tr> <td colspan="10">625.00</td> </tr> </table>	625.00																			
625.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Peter Mellman	<b>Transaction ID:</b> D400636 <b>Date of Disbursement</b>																				
Mailing Address 1425 NW 19th Ave #11	<table border="1"> <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>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	1	0												
City Portland State OR Zip Code 97209	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">325.00</td> </tr> </table>	325.00																			
325.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

A.

Full Name (Last, First, Middle Initial)

Peter Mellman

Mailing Address 1425 NW 19th Ave  
#11

City Portland State OR Zip Code 97209

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400637

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Peter Mellman

Mailing Address 1425 NW 19th Ave  
#11

City Portland State OR Zip Code 97209

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400638

Date of Disbursement

02 / 12 / 2010

Amount of Each Disbursement this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Peter Mellman

Mailing Address 1425 NW 19th Ave  
#11

City Portland State OR Zip Code 97209

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400639

Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

325.00

SUBTOTAL of Disbursements This Page (optional) .....

975.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

**A.**

Full Name (Last, First, Middle Initial)  
Peter Mellman

Mailing Address 1425 NW 19th Ave  
#11

City Portland State OR Zip Code 97209

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400640

Date of Disbursement

/   /

Amount of Each Disbursement this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter Mellman

Mailing Address 1425 NW 19th Ave  
#11

City Portland State OR Zip Code 97209

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400641

Date of Disbursement

/   /

Amount of Each Disbursement this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)  
Oxford Health Plans

Mailing Address PO Box 1697

City Newark State NJ Zip Code 07101-1697

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D400596

Date of Disbursement

/   /

Amount of Each Disbursement this Period

424.92

**SUBTOTAL** of Disbursements This Page (optional) .....

1074.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

<b>A.</b> Full Name (Last, First, Middle Initial) Oxford Health Plans <hr/> Mailing Address PO Box 1697 <hr/> City Newark State NJ Zip Code 07101-1697 <hr/> Purpose of Disbursement Health Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D400597 <b>Date of Disbursement</b> <table border="1"> <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>0</td><td>3</td><td></td> <td>0</td><td>3</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">212.46</div> <hr/> Category/ Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) Lindsay Patross <hr/> Mailing Address 6015 Walnut St. <hr/> City Pittsburgh State PA Zip Code 15206 <hr/> Purpose of Disbursement Website Management Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D400617 <b>Date of Disbursement</b> <table border="1"> <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>0</td><td>3</td><td></td> <td>1</td><td>5</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	0												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">520.00</div> <hr/> Category/ Type																					
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Soltz <hr/> Mailing Address 5290 Duke Street <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement Strategic Management Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D400620 <b>Date of Disbursement</b> <table border="1"> <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>0</td><td>1</td><td></td> <td>1</td><td>5</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	1	0												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">492.00</div> <hr/> Category/ Type																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**1224.46**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)

Jonathan Soltz

Mailing Address 5290 Duke Street

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Strategic Management Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400621

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

492.00

B.

Full Name (Last, First, Middle Initial)

Jonathan Soltz

Mailing Address 5290 Duke Street

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Strategic Management Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400622

Date of Disbursement

02 / 12 / 2010

Amount of Each Disbursement this Period

492.00

C.

Full Name (Last, First, Middle Initial)

Jonathan Soltz

Mailing Address 5290 Duke Street

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Strategic Management Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400623

Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

492.00

SUBTOTAL of Disbursements This Page (optional) .....

1476.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VOTEVETS

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Soltz

Mailing Address 5290 Duke Street

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Strategic Management Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400624

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

492.00

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Soltz

Mailing Address 5290 Duke Street

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Strategic Management Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D400625

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

492.00

**SUBTOTAL** of Disbursements This Page (optional) .....

984.00

**TOTAL** This Period (last page this line number only) .....

13405.32