

# 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 <b>VOCES DE LA FRONTERA ACTION</b>		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

/  /   
 THROUGH  
 /  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Eva Lydia Hofer	<i>Eva Lydia Hofer</i> <i>[Electronically Filed]</i>	11/06/2012

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 Christine Neumann-Ortiz		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 28.28 <b>Transaction ID : F57.000001</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Jhoselinn Perez		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 130.79 <b>Transaction ID : F57.000002</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Juan Ruiz		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 137.02 <b>Transaction ID : F57.000003</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	296.09
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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 Lesley Salas		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 71.28 <b>Transaction ID : F57.000004</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Primitivo Torres		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 42.24 <b>Transaction ID : F57.000005</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Nitza Vara-Ramos		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 17.13 <b>Transaction ID : F57.000006</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	130.65
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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 Amy Sanchez		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 29.60 <b>Transaction ID : F57.000007</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Carlos Cirino		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 43.06 <b>Transaction ID : F57.000008</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Elisa Rivas		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 43.06 <b>Transaction ID : F57.000009</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	115.72
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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 Elizabeth Sanchez		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 43.06 <b>Transaction ID : F57.000010</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Esperanza Sanchez		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 32.30 <b>Transaction ID : F57.000011</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee Florencio Bravo		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 40.37 <b>Transaction ID : F57.000012</b>
City Milwaukee	State WI	
Zip Code 53204	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Wages		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	115.73
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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 Heidi Her		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 29.60 <b>Transaction ID : F57.000013</b>
City Milwaukee	State WI	
Zip Code 53204	Purpose of Expenditure Wages	
Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Javier Sanchez		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 32.30 <b>Transaction ID : F57.000014</b>
City Milwaukee	State WI	
Zip Code 53204	Purpose of Expenditure Wages	
Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jose Aguilera		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 21.53 <b>Transaction ID : F57.000015</b>
City Milwaukee	State WI	
Zip Code 53204	Purpose of Expenditure Wages	
Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	83.43
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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 Maria Romero		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 43.06 <b>Transaction ID : F57.000016</b>
City Milwaukee	State WI	
Purpose of Expenditure Wages	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Miguel Sanchez		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 29.60 <b>Transaction ID : F57.000017</b>
City Milwaukee	State WI	
Purpose of Expenditure Wages	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Nabeel Nasir		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 43.06 <b>Transaction ID : F57.000018</b>
City Milwaukee	State WI	
Purpose of Expenditure Wages	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	115.72
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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 Yohanna Reyes		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1027 S. 5th Street		Amount 43.06 <b>Transaction ID : F57.000019</b>
City Milwaukee	State WI	
Purpose of Expenditure Wages	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	43.06
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	▶	900.40