Image# 10931770171 107/28#20/140 14:39

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation]			
VOTEVETS.ORG ACTION FUND				
(b) Address (number and street)				
303 PARK AVE S #1293				
(c) City, State and ZIP Code				
NEW YORK NY 10010	FEC Identification Number			
2. Corporate filers only	C C90010620			
Is the filer a qualified nonprofit corporation? \square Yes \square No				
Individual filers only Name of Employer	Occupation			
TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report	Notice			
☐ July 15 Quarterly Report				
☐ October Quarterly Report				
☐ January 31 Year-End Report				
(b) Is this Report an amendment? Yes \(\subseteq \ No \(\textbf{X} \)				
5. COVERING PERIOD: FROM M M M M M M M M M M M M				
THROUGH				
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
6. TOTAL CONTRIBUTIONS	.00			
7. TOTAL INDEPENDENT EXPENDITURES	12350.00			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures				
reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulatio				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
Peter Mellman	10/28/2010			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.				

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 10931770172 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2/2
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOTEVETS		ACTION	LELINID
V() EVE 3	,,,,,,	AL, III III	

VOTEVETS.ORG ACTION FUND		
Full Name (Last, First, Middle Initial) of Payee eye2eye communications, LLC		Date
Mailing Address		M M / D D / Y Y Y Y Y Amount
4301 Connecticut Ave NW		12350.00
Washington	State Zip Code DC 20008	
Purpose of Expenditure Direct mail (Work)	- Category	ce Sought: X House State: OH louse Senate Senate 10
Name of Federal Candidate Supported or Opposed by Ex James Renacci	xpenditure:	President District: 16 Cock One: Support X Oppose
Calendar Year-To-Date Per Election		oursement For: Primary X General 2010
for Office Sought	.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		12350.00
(b) SUBTOTALof Unitemized Independent Expenditures	<u> </u>	
(c) TOTAL Independent Expenditures		12350.00