

# 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>VOTEVETS.ORG ACTION FUND</b>		3. FEC Identification Number  <b>C</b> C90010620
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2201 WISCONSIN AVE NW #320		
(c) City, State and ZIP Code WASHINGTON DC 20007		
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

M M / D D / Y Y Y Y Y Y	/	M M / D D / Y Y Y Y Y Y	/	M M / D D / Y Y Y Y Y Y
04		01		2012
THROUGH				
M M / D D / Y Y Y Y Y Y	/	M M / D D / Y Y Y Y Y Y	/	M M / D D / Y Y Y Y Y Y
06		30		2012

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES ..... 237264.75

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>
Peter Mellman	<i>Peter Mellman</i> <i>[Electronically Filed]</i>	08/01/2012

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)  
VOTEVETS.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Buying Time, LLC		Date MM / DD / YYYY 05 / 14 / 2012
Mailing Address 650 Massachusetts Ave NW		Amount 70000.00 <b>Transaction ID : F57.000001</b>
City Washington	State PA	
Zip Code 20001	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Broadcast TV buy (Tulsi)		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Tulsi Gabbard		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 Envision Communications Inc.		Date MM / DD / YYYY 05 / 14 / 2012
Mailing Address 2715 M Street NW		Amount 19364.65 <b>Transaction ID : F57.000002</b>
City Washington	State PA	
Zip Code 20007	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Production (Tulsi)		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Tulsi Gabbard		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 Buying Time LLC		Date MM / DD / YYYY 05 / 30 / 2012
Mailing Address 650 Massachusetts Ave NW		Amount 50000.00 <b>Transaction ID : F57.000003</b>
City Washington	State DC	
Zip Code 20001	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Purpose of Expenditure Broadcast TV buy (Tulsi)		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Tulsi Gabbard		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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.....	▶	139364.65
(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)  
VOTEVETS.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Buying Time LLC		Date MM / DD / YYYY 06 / 26 / 2012
Mailing Address 650 Massachusetts Ave NW		Amount 97900.10 <b>Transaction ID : F57.000004</b>
City Washington	State DC	
Zip Code 20001		
Purpose of Expenditure Broadcast TV buy (Tulsi)	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tulsi Gabbard		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" 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	
Zip Code		
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	
Zip Code		
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.....	▶	97900.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	237264.75
(carry total from last page forward to Line 7)		