# 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

AMERICA VOTES

## 2. Corporate filers only

<table>
<thead>
<tr>
<th>Is the filer a qualified nonprofit corporation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

### Individual filers only

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. TYPE OF REPORT (check appropriate boxes):

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### b) Is this Report an amendment?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

## 5. COVERING PERIOD: FROM

<table>
<thead>
<tr>
<th>MMM</th>
<th>DD</th>
<th>YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>26</td>
<td>2012</td>
</tr>
</tbody>
</table>

**THROUGH**

<table>
<thead>
<tr>
<th>MMM</th>
<th>DD</th>
<th>YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>31</td>
<td>2012</td>
</tr>
</tbody>
</table>

## 6. TOTAL CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

## 7. TOTAL INDEPENDENT EXPENDITURES

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$46666.67</td>
</tr>
</tbody>
</table>

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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.

## TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Susan F Finkle Sourlis

## SIGNATURE

Susan F Finkle Sourlis

## DATE

01/31/2013

[Electronically Filed]

For further information, contact:

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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICA VOTES

Full Name (Last, First, Middle Initial) of Payee
Zata 3 Consulting

Mailing Address
458 New Jersey Avenue SE

City
Washington
State
DC
Zip Code
20003

Purpose of Expenditure
Phone Calls

Category/Type

Date
M / D / Y
10 / 26 / 2012

Amount
23333.34

Transaction ID: F57.000001

Office Sought:

House
State: ______

Senate
District: ______

President

Check One:
X Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify):

Full Name (Last, First, Middle Initial) of Payee
Zata 3 Consulting

Mailing Address
458 New Jersey Avenue SE

City
Washington
State
DC
Zip Code
200003

Purpose of Expenditure
Phone Calls

Category/Type

Date
M / D / Y
10 / 26 / 2012

Amount
23333.33

Transaction ID: F57.000002

Office Sought:

House
State: PA

Senate
District: ______

President

Check One:
X Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Robert Casey

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify):

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City
State
Zip Code

Purpose of Expenditure

Category/Type

Office Sought:

House
State: ______

Senate
District: ______

President

Check One:
X Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify):

(a) SUBTOTAL of Itemized Independent Expenditures.......................... 46666.67

(b) SUBTOTAL of Unitemized Independent Expenditures..........................................

(c) TOTAL Independent Expenditures.................................................. 46666.67

(carry total from last page forward to Line 7)