Image# 10931768201 107/27/7/2010 18:30

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	7		
VOTEVETS.ORG ACTION FUND			
(b) Address (number and street)	_		
303 PARK AVE S #1293			
(c) City, State and ZIP Code	FEC Identification Number		
NEW YORK NY 10010			
2. Corporate filers only	C C90010620		
Is the filer a qualified nonprofit corporation?			
Individual filers only Name of Employer	Occupation		
	·		
4. TYPE OF REPORT (check appropriate boxes):			
(a) April 15 Quarterly Report X 24-Hour Notice 48-Hou	r Notice		
☐ July 15 Quarterly Report			
October Quarterly Report			
☐ January 31 Year-End Report			
Sandary St Teat-End Treport			
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \overline{X} \)			
5. COVERING PERIOD: FROM 1.0 / D.D. / Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.			
THROUGH			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
6. TOTAL CONTRIBUTIONS	.00		
7. TOTAL INDEPENDENT EXPENDITURES	20010.00		
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 regulations.			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE		
3.3.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	D/11 &		
Poter Mellman	40/07/0040		
Peter Mellman	10/27/2010		
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

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SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

OTEVETS.ORG ACTION FUND		
Full Name (Last, First, Middle Initial) of Payee Grassroots Campaigns, Inc. Mailing Address PO Box 120557		Date
		M M / D D / Y Y Y Y Y Y A Amount
City State Boston MA	Zip Code 02112	20010.00
Purpose of Expenditure Voter ID and persuasion canvass operation	Category/ Type	Office Sought: House State: PA Senate X Senate PA 20
Name of Federal Candidate Supported or Opposed by Expenditure Joseph Sestak	9:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		20010.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		20010.00