

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 VOTEVETS.ORG ACTION FUND | | 3. FEC Identification Number C 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. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | 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

07 / 23 / 2012
 THROUGH
 07 / 24 / 2012

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES 32312.10

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 | SIGNATURE | DATE |
| Peter Mellman | <i>Peter Mellman</i> [Electronically Filed] | 09/26/2012 |

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 O&R Consulting | | Date MM / DD / YYYY 07 / 23 / 2012 |
| Mailing Address 3916 Washington Street | | Amount 32312.10 Transaction ID : F57.000001 |
| City Kensington | State MD | |
| Purpose of Expenditure Production of mail and postage (VVHI201) | | Category/ Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Tulsi Gabbard | | Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 269576.85 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 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 | |
| Purpose of Expenditure | | Category/ Type |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose 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 |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 32312.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | ▶ | 32312.10 |