

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 303 PARK AVE S #1293		
(c) City, State and ZIP Code NEW YORK NY 10010		
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 ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y	
1	0		2	9		.	2	0	1	0

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	
1	0		2	9		.	2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

4328.00

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

Peter Mellman

10/30/2010

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOTEVETS.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
New Partners Consulting, Inc.

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Mailing Address
401 9th Street, NW

Amount

4328.00

City

Washington

State

DC

Zip Code

20004

Purpose of Expenditure

Targeted robocalls

Category/
Type

Office Sought:

☐

House

State: WA

Senate

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Patty Murray

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures

4328.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

4328.00