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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	¬ ·
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	
□ January 31 Tear-Lift Neport	
(b) Is this Report an amendment? Yes \(\subseteq \) No \(\otimes \)	
5. COVERING PERIOD: FROM 10 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M_M / D_D / Y_YYYY	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	7148.40
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulat	if the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Peter Mellman	10/19/9010
	10/13/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this repo	rt 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

PAGE	2 / 2
FOR LIN	NE 7 FOR FORM 5

NAME OF FILER (In Full)

VOTEVETS ORG ACTION FLINE	
	٦

OTEVETS.ORG ACTION FUND				
Full Name (Last, First, Middle Initial) of Payee Grassroots Campaigns, Inc.				Date
Mailing Address PO Box 120557				M M / D D / Y Y Y Y Y Y Amount
City Boston	State MA	Zip Cod 02112	e	7148.40
Purpose of Expenditure Voter ID and persuasion canvass operation		Category/ Type		Office Sought: X House State: PA House Senate State: 08
Name of Federal Candidate Supported or Opposed by E Patrick Murphy	Expenditure:			President District: 08 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.				7148.40
(b) SUBTOTALof Unitemized Independent Expenditure	s			
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)				7148.40