

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

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. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☐ 24-Hour Report
☒ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y Y Y
07		01		2016

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	191611.30

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Mellman, Peter, , ,

Mellman, Peter, , ,

10/05/2016

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
VOTEVETS.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Sway		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 30 / 2016	
Mailing Address 4350 East West Highway Suite 350		Amount 6561.30	
City Bethesda	State MD	Zip Code 20814	Transaction ID : F57.4118
Purpose of Expenditure Production Costs (Tore)	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: DE District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barney, Sean, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6561.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sway		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 30 / 2016	
Mailing Address 4350 East West Highway Suite 350		Amount 94963.00	
City Bethesda	State MD	Zip Code 20814	Transaction ID : F57.4121
Purpose of Expenditure Media Buys (Tore)	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: DE District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barney, Sean, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101524.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Sway		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 4350 East West Highway Suite 350		Amount 90087.00	
City Bethesda	State MD	Zip Code 20814	Transaction ID : F57.4125
Purpose of Expenditure Media Buys (Tore)	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: DE District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barney, Sean, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 191611.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 191611.30

(b) **SUBTOTAL** of Unitemized Independent Expenditures 0.00

(c) **TOTAL** Independent Expenditures..... 191611.30
(carry total from last page forward to Line 7)