

# 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 <b>VoteVets.org Action Fund</b>		3. FEC Identification Number <b>C</b> 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

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y
	04		01		2020
THROUGH	M M	/	D D	/	Y Y Y Y
	06		30		2020

6. TOTAL CONTRIBUTIONS.....

0.00
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7. TOTAL INDEPENDENT EXPENDITURES .....

300683.00
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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, , ,*

07/08/2020

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N

Transaction ID :

No contributions were received for the purpose of furthering the reported independent expenditures. No funds received met the definition of a contribution.

Form/Schedule:

Transaction ID:

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
VoteVets.org Action Fund

Full Name (Last, First, Middle Initial) of Payee Dixon / Davis Media Group, LLC		Date of Public Distribution/Dissemination 06 / 09 / 2020	
Mailing Address 1028 33rd St NW Ste 300		Amount 18414.00	
City Washington	State DC	Zip Code 20007-3571	Transaction ID : 500066092
Purpose of Expenditure TV Advertising Production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 24
Name of Federal Candidate Supported or Opposed by Expenditure: CONOLE, FRANCIS, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 218414.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee SWAY		Date of Public Distribution/Dissemination 06 / 13 / 2020	
Mailing Address 4350 E West Hwy Ste 350		Amount 7273.00	
City Bethesda	State MD	Zip Code 20814-4579	Transaction ID : 500066145
Purpose of Expenditure TV Advertising Production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 05
Name of Federal Candidate Supported or Opposed by Expenditure: HUFFSTETLER, ROGER DEAN RD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82269.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Targeted Platform Media, LLC		Date of Public Distribution/Dissemination 06 / 13 / 2020	
Mailing Address 1291 Hollywood Ave		Amount 74996.00	
City Annapolis	State MD	Zip Code 21403-4909	Transaction ID : 500066146
Purpose of Expenditure TV Advertising Buy	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 05
Name of Federal Candidate Supported or Opposed by Expenditure: HUFFSTETLER, ROGER DEAN RD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82269.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100683.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
VoteVets.org Action Fund

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 09 / 2020	
Mailing Address 3050 K St NW		Amount 200000.00	
City	State	Zip Code	Transaction ID : 500066093
Washington	DC	20007-5108	
Purpose of Expenditure TV Advertising Buy	Category/ Type	004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONOLE, FRANCIS, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2020 218414.00	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	Amount
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		2020	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	Amount
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		2020	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	200000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶ (carry total from last page forward to Line 7)	300683.00