

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

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THROUGH

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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
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| 6. TOTAL CONTRIBUTIONS..... | 0.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 344352.36 |

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, , ,

03/06/2018

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 EXPENDITURES**

NAME OF FILER (In Full)
VOTEVETS.ORG ACTION FUND

| | | | |
|--|-------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Three Point Media | | Date of Public Distribution/Dissemination 03 / 06 / 2018 | |
| Mailing Address 171 N. Aberdeen St Suite 400 | | Amount 11024.86 | |
| City Chicago | State IL | Zip Code 60607 | Transaction ID : F57.4149 |
| Purpose of Expenditure TV Media Production | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: PA District: 18 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Saccone, Rick, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General | |

| | | | |
|--|-------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies | | Date of Public Distribution/Dissemination 03 / 06 / 2018 | |
| Mailing Address 3050 K Street NW Ste 100 | | Amount 333327.50 | |
| City Washington | State DC | Zip Code 20007 | Transaction ID : F57.4146 |
| Purpose of Expenditure TV Media Buy | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: PA District: 18 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Saccone, Rick, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General | |

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

| | |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 344352.36 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 344352.36 |