

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 2201 WISCONSIN AVE NW #320		
(c) City, State and ZIP Code WASHINGTON DC 20007		
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
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

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

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
04	/	23	/	2013

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
04	/	25	/	2013

6. TOTAL CONTRIBUTIONS **.00**

7. TOTAL INDEPENDENT EXPENDITURES **48656.10**

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. 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

[Electronically Filed]

Peter Mellman

Peter Mellman

04/24/2013

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 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 Ralston Lapp Media		Date MM / DD / YYYY 04 / 23 / 2013	
Mailing Address 1054 31st Street NW		Amount 18657.47	
City Washington	State DC	Zip Code 20007	
Purpose of Expenditure Production costs (Abandoned)		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Marshall Sanford		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48656.10		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special	
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 04 / 23 / 2013	
Mailing Address 3050 K Street		Amount 29998.63	
City Washington	State DC	Zip Code 20007	
Purpose of Expenditure Broadcast television media buy (Abandoned)		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Marshall Sanford		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48656.10		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
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"/> Special	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ 48656.10 (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ (c) TOTAL Independent Expenditures ▶ 48656.10 (carry total from last page forward to Line 7)			