

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

5. COVERING PERIOD:

FROM	M M M	/	D D D	/	Y Y Y Y Y Y
	07		01		2022
THROUGH	M M M	/	D D D	/	Y Y Y Y Y Y
	09		30		2022

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	403710.22

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, , ,*

11/02/2022

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 Aisle 518 Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2022	
Mailing Address PO Box 9689		Amount 400000.00	
City	State	Zip Code	Transaction ID : 500008373
Washington	DC	20016-9689	
Purpose of Expenditure Digital Advertising Buy	Category/ Type	Office Sought:	State: VA District: 07
	004	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SPANBERGER, ABIGAIL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2022	
403710.22			

Full Name (Last, First, Middle Initial) of Payee Backstory Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2022	
Mailing Address 1010 8th St NE		Amount 3710.22	
City	State	Zip Code	Transaction ID : 500008372
Washington	DC	20002-3621	
Purpose of Expenditure Digital Advertising Production	Category/ Type	Office Sought:	State: VA District: 07
	004	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SPANBERGER, ABIGAIL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2022	
403710.22			

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought:	State: _____ District: _____
		<input type="checkbox"/> House <input type="checkbox"/> Senate <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)	
		2022	

(a) SUBTOTAL of Itemized Independent Expenditures.....	403710.22
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	403710.22