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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

GOP 5

ADDRESS (number and street) 120 SEYMOUR Rd

Check if different than previously reported. (ACC) TERRYVILLE CT CT 06786

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000181230

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
[X] January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [] in the State of []

5. Covering Period 10/01/2009 through 12/31/2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DORIS T ISBRECHT

Signature of Treasurer [Signature] Date 01/12/2010

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

Table with 10 columns and 1 row for Office Use Only.

FEC FORM 3X Rev. 12/2004

10030222032

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GOP 5

Report Covering the Period: From:

10 01 2009

To:

12 31 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009		265393
(b) Cash on Hand at Beginning of Reporting Period.....	265393	
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	265393	265393
7. Total Disbursements (from Line 31).....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	265393	265393
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	150000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

1003022033

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	000000	000000
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶		
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	000000	000000

10030222034

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
GoP 5 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) VARIOUS INDIVIDUALS	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address see Below	
City State ZIP Code	

Original Amount of Loan 5-	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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TERMS

Date Incurred 01 12 2006	Date Due 04 01 2006	Interest Rate 1% % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) NOLAN, VINCENT	Name of Employer TOWN OF NEW MILFORD
Mailing Address 12 Hillendale Rd	Occupation ECONOMIC DEVELOPMENT
City State ZIP Code DANBURY CT 06811	Amount Guaranteed Outstanding: 250.00
2. Full Name (Last, First, Middle Initial) SARACINO, MARY G	Name of Employer RETIRED
Mailing Address 5 BRINSCA COURT	Occupation
City State ZIP Code DANBURY CT 06818	Amount Guaranteed Outstanding: 250.00
3. Full Name (Last, First, Middle Initial) DEMAIDA, ARLYN N	Name of Employer STATE OF CT Ex Ass't Comm
Mailing Address 185 Pier Point Rd	Occupation DEP
City State ZIP Code Waterbury CT 06705	Amount Guaranteed Outstanding: 250.00
4. Full Name (Last, First, Middle Initial) SMITH, JAMES	Name of Employer RETIRED
Mailing Address 2 Little Brook Lane	Occupation
City State ZIP Code NEWTOWN CT 06470	Amount Guaranteed Outstanding: 250.00

SUBTOTALS This Period This Page (optional).....▶	1,000.00
TOTALS This Period (last page in this line only).....▶	1,500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10030222035

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)
GOP 5

Mailing Address
VARIOUS INDIVIDUALS

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred: **01/12/2006** Date Due: **04/01/2006** Interest Rate: **10%** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) FESTA, MICHAEL	Name of Employer SELF
Mailing Address PO BOX 627	Occupation REAL ESTATE LANDLORD
City State ZIP Code DARVILLE CT 06779	Amount Guaranteed Outstanding: 250.00
2. Full Name (Last, First, Middle Initial) SULLIVAN, ROBERT B	Name of Employer REMAX UNLIMITED
Mailing Address PO BOX 627	Occupation REALTOR
City State ZIP Code NEW MILFORD CT 06776	Amount Guaranteed Outstanding: 250.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ **500.00**

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10030222036

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>1-14-10</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMS
 PREPARER
 (3/2005)

1-26-10
 DATE PREPARED

10030222037