

# Facsimile Transmittal

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# FAX

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To:  
Company: FEC  
Fax Number: 2022190174  
Re: A couple of Question

From: Charles Tassell  
Date: 10/31/2012  
Pages: 4 (including cover page)

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**Comments:**

Chris, could you please give me a call when you get a moment. I'd like to make sure this is correct and ask you a couple of questions.

Thanks  
Charles Tassell  
CCVA  
513.652.5035

13031042123

# 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 <b>Citizens for Community Values Action</b>		3. FEC Identification Number <b>C 9 0 0 1 3 8 7 1</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>11177 Reading Road</b>		
(c) City, State and ZIP Code <b>Cincinnati, OH 45241</b>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" 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    THROUGH

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

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
<b>Charles Tassell</b>		<b>10-31-12</b>

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, 400 E Street, N.W., Washington, D.C. 20543 Toll Free 800-424-9530, Local 202-694-1100

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**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
**Citizens for Community Values Action**

A. Full Name (Last, First, Middle Initial) <b>Florida Family Action, Inc.</b>			Date of Receipt		
Mailing Address <b>4853 South Orange Avenue</b>			1 0 3 0 2 0 1 2		
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32806</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			2 5 5 0 4 8 8		
Name of Employer			Occupation <b>In kind: personnel</b>		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			[ ] [ ] [ ]		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[ ] [ ] [ ] [ ] [ ] [ ]		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			[ ] [ ] [ ]		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[ ] [ ] [ ] [ ] [ ] [ ]		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			[ ] [ ] [ ]		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[ ] [ ] [ ] [ ] [ ] [ ]		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional) .....	[ ] [ ] [ ] [ ] [ ] [ ]
TOTAL This Period (last page carry total to Line 6) .....	2 5 5 0 4 8 8

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**Citizens for Community Values Action**

Full Name (Last, First, Middle Initial) of Payee <b>Angler, LLC</b>		Date 1 0 3 0 2 0 1 2
Mailing Address 1100 G Street NW, Ste. 805		Amount 8 2 7 3 9 3
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>
Purpose of Expenditure <b>Advertising: live phone calls</b>	Category/Type <b>0 0 4</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2 2 8 8 5 6 3		

Full Name (Last, First, Middle Initial) of Payee <b>Florida Family Action, Inc.</b>		Date 1 0 3 0 2 0 1 2
Mailing Address 4853 South Orange Avenue		Amount 2 5 5 0 4 8 8
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32806</b>
Purpose of Expenditure <b>Advertising: personnel for live phone calls (in kind)</b>	Category/Type <b>0 0 4</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 7 2 7 5 7 3 2		

Full Name (Last, First, Middle Initial) of Payee		Date
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 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		

(a) SUBTOTAL of Itemized Independent Expenditures	3 3 7 7 8 8 1
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	3 3 7 7 8 8 1

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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.

13031042127

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery 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
<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 checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
 DATE PREPARED