

# 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

11 01 2012  
 THROUGH  
 11 01 2012

6. TOTAL CONTRIBUTIONS ..... **0 0 0**

7. TOTAL INDEPENDENT EXPENDITURES ..... **33,973.63**

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>11-2-12</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, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530. Local 202-694-1100

13031042134

# SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE OF  
2 3

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)

Florida Family Action, Inc.

Date of Receipt

11 / 01 / 2012

Mailing Address

4853 South Orange Avenue

City

Orlando

State

FL

Zip Code

32806

Amount of Each Receipt this Period

2 7 0 5 5 1 8

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

In kind: personnel

B. Full Name (Last, First, Middle Initial)

Mailing Address

Date of Receipt

00 / 00 / 00

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)

Mailing Address

Date of Receipt

00 / 00 / 00

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)

Mailing Address

Date of Receipt

00 / 00 / 00

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 8) .....

2 7 0 5 5 1 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

Angler, LLC

Date

11 / 01 / 2012

Mailing Address

1100 G Street NW, Ste. 805

Amount

City

Washington

State

DC

Zip Code

20005

6 9 1 8 4 5

Purpose of Expenditure

Advertising: live phone calls

Category/  
Type 0 0 4

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

4 2 , 2 6 7 , 4 1

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

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

Florida Family Action, Inc.

Date

11 / 01 / 2012

Mailing Address

4853 South Orange Avenue

Amount

City

Orlando

State

FL

Zip Code

32806

2 7 0 5 5 1 8

Purpose of Expenditure

Advertising: personnel for live phone calls (in kind)

Category/  
Type 0 0 4

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

1 2 5 , 3 4 9 . 1 4

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

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

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....

3 3 9 7 3 6 3

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....  
(carry total from last page forward to Line 7)

3 3 9 7 3 6 3

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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.

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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
--	---------------

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A  
 PREPARER

N/A  
 DATE PREPARED

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