Image# 11930259155 01F/891F210141 12:45

## **FEC FORM 5**

### REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

		(Other than Political Collin	millees) meia	allig Qualifie	u Nonpront S	01 por ations
	(a) Name of Individual, Organization or Corporation					
CITI	CITIZENS FOR THE REPUBLIC					
	Address (number and SOUTH PATRICK		nan previously rep	orted		
(c)	City, State and ZIP Co	ode				2. FEO Usualitie etien Number
ALE	XANDRIA	,	VA 223	14		FEC Identification Number
2. Coi	rporate filers only					<b>C</b> C90012196
		Is the filer a qualified nonprofit	t corporation?	X Yes	☐ No	
Ind	dividual filers only	Name of Employer			(	I
		1 2				•
	T . T./DE OF DE					
	4. TYPE OF KER	PORT (check appropriate boxes):				
	(a) April 1	5 Quarterly Report	☐ 24	-Hour Notice	48-Hour i	Notice
	☐ July 15	5 Quarterly Report				
	☐ Octobe	er Quarterly Report				
	Januar	y 31 Year-End Report				
	A ounce.	y or roar End Hoport				
	(b) Is this Rep	oort an amendment? Yes	No X			
	5. COVERING P	ERIOD: FROM 1, 0 /	D D / Y	Y Y Y Y 2 0 1 0		
		Т	ΓHROUGH			
		1 2 /	3 1 / Y	2 0 1 0 °		
	6. TOTAL CONT	RIBUTIONS				195413.05
	7. TOTAL INDEF	PENDENT EXPENDITURES				195413.05
request	or suggestion of, a candidat	It the independent expenditures reported he te or a candidate's agent or authorized com- poration, I certify that the corporation is a qu	mittee or a political pa	arty committee or its	agent. In addition, if t	the independent expenditures
TYPE	OR PRINT NAME OF	F PERSON COMPLETING FORM	Л	SIGNATURE	į	DATE
Willia	ım W. Pascoe, III					01/31/2011
	NOTE: Submission	on of false, erroneous or incomplete in	——— nformation may su	bject the person s	signing this report t	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-A ITEMIZED RECEIPTS

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions colicit contributions from such committee	
NAME OF FILER (In Full)			
CITIZENS FOR THE REPUBLIC			
A. Full Name (Last, First, Middle Initial)		Date of Receipt	
INDEPENDENT WOMEN'S VOICE			
Mailing Address 4400 JENIFER STREET NW STE 2	204	10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SUITE 240 City	State Zip Code	Transaction ID: F56.4113	
WASHINGTON	DC 20015		
		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	<b>C</b> C90011115	32971.21	
	rederai political committee.		
Name of Employer	Оссира	tion	
3. Full Name (Last, First, Middle Initial)		Date of Receipt	
The Annual Fund Mailing Address		M M / D D / Y Y Y	
Po Box 2540		10 25 2010	
City	State Zip Code	Transaction ID: F56.4111	
Manassas	VA 20108	Amount of Each Receipt this Period	
FEC ID number of contributing		94450.71	
federal political committee.	C	34430.71	
Name of Employer	Occupa	tion	
Full Name (Last, First, Middle Initial)		Date of Receipt	
The Annual Fund		M M / D D / Y Y Y	
Mailing Address Po Box 2540		10 27 2010	
City	State Zip Code	Transaction ID: F56.4114	
Manassas	VA 20108	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	24790.42	
Name of Employer	Оссира	tion	
Full Name (Last, First, Middle Initial)		Date of Receipt	
The Annual Fund Mailing Address		M M / D D / Y Y Y Y	
Mailing Address Po Box 2540		1.0 28 2010	
City	State Zip Code	Transaction ID: F56.4118	
Manassas	VA 20108	Amount of Each Receipt this Period	
FEC ID number of contributing		43200.71	
federal political committee.	C	10200.71	
Name of Employer	Оссира	tion	
SURTOTAL of Possints This Poss (settler 1)		195413.05	
OUDIVIAL OF Receipts This Page (optional)			
TOTAL This Period (last page carry total to I	.ine 6)	195413.05	

## SCHEDULE 5-E

PAGE	3 /	4
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TEMIZED INDEPENDENT EXPENDITURES
NAME OF FILER (In Full)

FOR LINE 7 FOR FORM 5 CITIZENS FOR THE REPUBLIC Full Name (Last, First, Middle Initial) of Payee Date BrabenderCox 2 <sup>D</sup> 5 2010 Mailing Address Amount 1218 Grandview Ave. 43200.71 City State Zip Code PA 15211 Pittsburgh Purpose of Expenditure Office Sought: Х House State: NY Category/ Mail Design & Production & Postage Type House Senate District: \_22 Name of Federal Candidate Supported or Opposed by Expenditure: President **GEORGE K PHILLIPS** Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 43200.71 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date BrabenderCox 2010 Mailing Address **Amount** 1218 Grandview Ave. 32971.21 Zip Code City State Pittsburgh PA 15211 Purpose of Expenditure Office Sought: χ House State: NY Category/ Mail Design & Production & Postage Type House Senate District: 22 President Name of Federal Candidate Supported or Opposed by Expenditure: **GEORGE K PHILLIPS** Support Check One: Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 221872.63 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date BrabenderCox м<sub>1</sub> м 28 2010 Mailing Address Amount 1218 Grandview Ave. 43200.71 Zip Code City State PA 15211 Pittsburgh Purpose of Expenditure Office Sought: State: NY Category/ X House Mail Design, Production & Postage - George Phillips Type Senate House District: 22 President Name of Federal Candidate Supported or Opposed by Expenditure: **GEORGE K PHILLIPS** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 347625.39 for Office Sought Other (specify) 119372.63 (a) SUBTOTAL of Itemized Independent Expenditures ... (b) SUBTOTALof Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures .....

(carry total from last page forward to Line 7)

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE <b>4/4</b>
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

CITIZEN	IS FOR	THE	RFPI	JBI IC

Full Name (Last, First, Middle Initial) of Payee			Date		
Redat, Inc/King Group Productions			M M / D D / Y Y Y Y		
Mailing Address			10 25 Y Y Y Y Y		
29 Deerfield			Amount		
Cit.	Ctata	7in Code	1250.00		
City   Deerfield	State IL	Zip Code 60015			
	L	1			
Purpose of Expenditure	- 0:	Category/	Office Sought: X House State: NY		
Radio Spot Creative Production - 'Phillip	os Choice	Type	House Senate District: 22		
Name of Federal Candidate Supported or Oppos	sed by Expenditure:		President		
GEORGE K PHILLIPS			Check One: X Support Oppose		
			Disbursement For: Primary X General		
Calendar Year-To-Date Per Election		137651.42	2010 — —		
for Office Sought			Other (specify)		
Full Name (Last, First, Middle Initial) of Payee			Date		
SmartMedia Group			M M / D D / Y Y Y		
Mailing Address			10 P 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
814 King St. Suite 400			Amount		
City	State	Zip Code	50000.00		
Alexandria	VA	22314			
Purpose of Expenditure			Office Sought: V House Out NV		
Air Time Purchase - 'Phillips Choice'		Category/ Type	State:		
·			House Senate District: 22		
Name of Federal Candidate Supported or Oppos GEORGE K PHILLIPS	sed by Expenditure:		President President		
GEORGE & PHILLIPS			Check One: X Support Oppose		
Colondar Vacr To Data Day Floation			Disbursement For: Primary X General		
Calendar Year-To-Date Per Election for Office Sought	136401.42		2010 Other (specify)		
Full Name (Last, First, Middle Initial) of Payee			Date		
Victory Media Group			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address					
1816 Garfield Avenue			Amount		
City	State	Zip Code	24790.42		
Aurora	IL	60506			
Purpose of Expenditure		Category/	Office Sought: X House State: NY		
Automated phone calls		Category/ Type	House Senate State: NY		
Name of Federal Candidate Supported or Oppos	sed by Evponditure:		President District: 22		
GEORGE K PHILLIPS	sed by Expenditure:				
			Check One: X Support Oppose		
Calendar Year-To-Date Per Election			Disbursement For: Primary X General		
for Office Sought		246663.05	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expend	ditures		76040.42		
(a) SOBIOTAL OF REMIZED INDEPENDENT EXPEND	aitui 63				
(b) SUBTOTALof Uniternized Independent Expe	enditures				
(b) SOBTOTALO OTHERNIZED INDEPENDENT EXPE	uitui 65				
(c) TOTAL Independent Expenditures			195413.05		
(carry total from last page forward to					