

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 CitizenLink (formerly Focus on the Family Action)		3. FEC Identification Number C C90008186
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8655 EXPLORER DRIVE		
(c) City, State and ZIP Code COLORADO SPRINGS CO 80920		
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 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End 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 with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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
Sonja Swiatkiewicz		10/13/2010

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

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-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

CitizenLink (formerly Focus on the Family Action)

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

Date

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 1 0

Mailing Address
8655 Explorer Drive

Amount

454.10

City State Zip Code
Colorado Springs CO 80920

Purpose of Expenditure
Travel Reimbursement

Category/
Type

Office Sought: House State: IN
House Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Brad Ellsworth

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 454.10

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Mailing Address
PO Box 66100

Amount

452.40

City State Zip Code
Chicago IL 60666

Purpose of Expenditure
Bus Tour

Category/
Type

Office Sought: House State: IN
House Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Brad Ellsworth

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 452.40

Disbursement For: Primary General
2010
 Other (specify)

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

906.50

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

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

906.50