

RQ-2

FEDERAL ELECTION COMMISSION WASHINGTON, D.C. 20463

April 27, 2007

Lawrence E. Auriana, Treasurer Filangieri Society for Justice and Good Government 14 Paddock Drive Greenwick, CT 06831

Response Due Date: May 29, 2007

Identification Number: C90009481

Reference: Filing dated 11/8/06

Dear Mr. Auriana:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. An adequate response must be received at the Commission by the response date noted above. An itemization of the information needed follows:

-On Schedule 5-A of this report, you have disclosed a contribution of \$45,000.00. Proper disclosure requires identification of each person who made a contribution in excess of \$200 to the person filing such report, which contribution was made for the purpose of furthering the reported independent expenditure. (11 CFR § 109.10(e)(1)(vi)) Please amend your report to include the name of the contributor.

-On Schedule 5-E of this report, you have not itemized all of the necessary independent expenditure information. Proper disclosure requires the full name and address of the payee, the date, the amount, the aggregate calendar-year-to-date totals, the purpose, the election, and the name, office sought, state and district of the federal candidate supported or opposed by the expenditure. Please amend your report to include the address of the payees. (11 CFR § 109.10(e)(1))

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1167.

Sincerely,

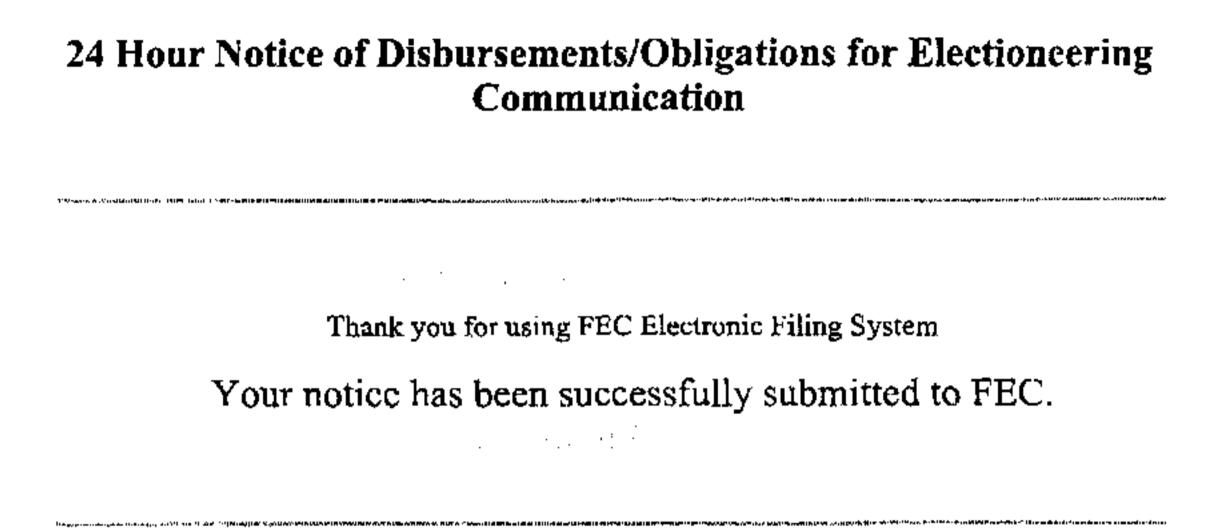
Karen J. Balderama

Senior Campaign Finance Analyst

Reports Analysis Division

490

Federal Election Commission



RETURN TO: FORM 5 SIGN IN RETURN TO: FEC HOME PAGE

Webform last accessed on Wed Nov 8 18:25:18 EST 2006 Your webform session will time-out in: 30 minutes from last webform access time. Click here to extend your webform session for 1 Hour.

	FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECE To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corpor						
(c) City State Zip Code Greenwich Connecticut 06831 2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 3. FEC Identification Number C 100000000 1 4. TYPE OF REPORT (check appropriate boxes) Report Type:* 24-Hour Report	1 -		-	ration "			
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 3. FEC Identification Number C DOMOGOO 4 4. TYPE OF REPORT (check appropriate boxes) Report Type:* 24-Hour Report	7 7	and street)* 🔠 ch	eck if diff	erent than previously re	ported		
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 3. FEC Identification Number C 1000000000 4. TYPE OF REPORT (check appropriate boxes) Report Type:* 24-Hour Report	(c) City	State		Zip Code			
Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 3. FEC Identification Number C 100000000 4 4. TYPE OF REPORT (check appropriate boxes) Report Type:* 24-Hour Report	Greenwich	Connecticut	12.00	06831			
3. FEC Identification Number C 100000000 4. TYPE OF REPORT (check appropriate boxes) Report Type:* 24-Hour Report	Is the filer a qualific Individual filers on	d nonprofit corporat ly					
Report Type:* 24-Hour Report	3. FEC Identification	•					
•	Report Type:* 24-Hour Report		•				

7. TOTAL INDEPENDENT EXPENDITURES

(mm/dd/yyyy)

\$.45000

\$ 23624

SCHEDULE 5-A ITEMIZED RECEIPTS Add Sche

Contribution #1.

Entity Type of Contributor Individual (a person)

5. Covering Period: 11/01/2006

6. TOTAL CONTRIBUTIONS



through

11/07/2006

Full Name of Donor*

Date of Contribution*

·(mm/dd/yyyy)

Organization

Name / Political Commissee Name Last Name Auriana Middle Name Mailing Address of Contacts 839 Lake Avenue	First Name Prefix	Lawrence Suffix	Amount* \$ 45,000.00 FEC II) number of contributing fer political committee C Name of Employer Federated Investors
City Greenwich	State Connecticut	∠i p .06831	Occupation Co-Portfolio Manager
TOTAL This Period (last page carry total to Back to TOP)	Line 6)		\$ 45000
SCHEDULE 5-E ITEMIZED INDEPENDED Independent Expend Entity Type of Payee* Organization (not a con	iture #1.		Add Softe
Name of Payee ** Organization Name Adpress	-or-		Date of Independent Expenditure* 11/07/2006 (mm/dd/yyyy)
Last Name Middle Name	First Name Prefix	Suffix	Amount * \$ 229,229.67
Mailing Address of Pay 135 East 54th Street	ee	.=	
City New York	State New York	Zip 10022	
Purpose of Disbursement Automated Voice Mail) of communication(s)) * ed)	Office Sought
Category / Type * Advertising Expenses	-including general	public political advertision	1960: 42 a - 4 a - 4
Calendar Year-To-Date 239,864.52			Check one:
Name of Federal Candid Thomas Kean Jr.			Support 🕮 Opp
			District

Disbursement/Ob General	ligation For	Stat	ne New Jersey
ndependent Ex	penditure #2.		Delete
Intity Type of Pay			
	a committee and not a person) 🎇		
Name of Payee *		Date of Independe	eut Expenditure*
Organization Arr	erican Oggi		
Name ^"	-or-	11/01/2006 (m	m/dd/yyyy)
I.ast Name	First Name	Amount *	
Middle	- 11. F.575	\$4,000.00	
Name	Prefix Suj	77.x	
Mailing Address (f Payee		
City	State Zip		
······································	State Zip -Select-		
Calendar Year-To 4,000.00	nses -including general public policies -Date Per Election for Office Sough	nt Che Dist	Senate President ck one : Support Op ric(New Jersey
adependent Ex	penditure #3.		Celete
Entity Type of Pay Organization (not	ee* a committee and not a person)	•	
Name of Payee *		Date of Independe	ent Expenditure*
Organization Ital	an Tribune	11/03/2006	m/dd/53553
	•0f•	Amount *	
Lust Name	First Name	\$3,000.00	
Middle Name	Prefix Suj	flx	
Mailing Address	f Payee	, -, -,,	•
-	2 6 1		
 Päo	State Zin		
City	State Zip		

-Select-		
Purpose of Disbursement (Including title(s) of communication(s)) * Newspaper Ad (Betrayed)	Office Sought	
Category / Type * Advertising Expenses -including general public political advertising	Ноиле Вешате	
Calcudar Year-To-Date Per Election for Office Sought 3.000.00	President Check one:	
Name of Federal Candidate	🤲 Support 🧐 Opp	
Thomas Kean Jr.	District	
Dixbursement/Obligation For General	State New Jersey	

TOTAL Independent Expenditures (last page carry total to Line 7)
Sack to TOP

\$ 23627

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any personant committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I determined in a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM*

DATE *

Lawrence E. Auriana

11/08/2006

(man/dd/yyyy)

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

Back to TOP

FEC Form 5 ()

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

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING to The FEC added this page to the end of this filing to indicate h	
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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
C. C. Charles Consoles.	celpt or Postmarked ≥9/07
July 1	5/30/07
(3/2005)	DATE PREPARED