FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
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2006 OCT -6 A 7:54

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines.

12FE4M5

GOPS COMMITTEE

ADDRESS (number and street) ▼

124 COAL PIT HILL RD

DANBURY APT 39

☑ Check if different than previous reported. (ACC)

DANBURY | CT | 06810-

2. FEC IDENTIFICATION NUMBER ▼ — CITY ▲ — STATE ▲ — ZIP CODE ▲

C00181230

3. IS THIS REPORT ☑ NEW (N) OR ☐ AMENDED (A)

26039194290

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☑ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ___ / ___ / ___ In the State of ___

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ___ / ___ / ___ In the State of ___

5. Covering Period 07 / 01 / 2006 through 09 / 30 / 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARY G. SARACINO

Signature of Treasurer Mary Saracino Date 09 / 30 / 2006

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

Office Use Only							

FEC FORM 3X
Rev. 12/2004

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

GOP 5 Committee

Report Covering the Period: From: 07 / 01 / 2006 To: 09 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		114 60
(b) Cash on Hand at Beginning of Reporting Period	663 10	
(c) Total Receipts (from Line 19)	-0-	604 200
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	663 10	615 660
7. Total Disbursements (from Line 31)	334 60	582 810
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	328 50	63 50
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	1 500 00	

☑ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

26039194261

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

60P5

Report Covering the Period: From: 07 / 01 / 2006 To: 09 / 30 / 2006

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	-0-	2,320.00
(ii) Unitemized		622.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶		2,942.00
(b) Political Party Committees		200.00
(c) Other Political Committees (such as PACs)		1,357.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	-0-	4,497.00
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	1,500.00
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	25.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	-0-	-0-
(b) Levin Funds (from Schedule H5)	-0-	-0-
(c) Total Transfers (add 18(a) and 18(b))	-0-	-0-
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	-0-	6,042.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	-0-	-0-

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	334.60	5628.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	334.60	5628.10
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements	-0-	20000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	334.60	5828.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	-0-	-0-

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	-0-	4497.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-0-	4497.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	334.60	5828.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	334.60	5828.10

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 COMMITTEE (In Full)

GOPS Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ -0-

TOTAL This Period (last page this line number only) ▶ -0-

2503919429 5

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE OF

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NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial): Webster Bank NA

Mailing Address: PO Box 191

City: Waterbury State: CT Zip Code: 06720

Purpose of Disbursement: Bank Checks

Candidate Name:

Category/Type: 001

Date of Disbursement: 07 / 01 / 2006

Amount of Each Disbursement this Period: 1660

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☑ Other (specify) ▼

B.

Full Name (Last, First, Middle Initial): Rick Gottschalk Photography

Mailing Address: 6 Heritage Dr

City: Danbury State: CT Zip Code: 06811

Purpose of Disbursement: Photos

Candidate Name:

Category/Type: 003

Date of Disbursement: 08 / 03 / 2006

Amount of Each Disbursement this Period: 318.00

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☑ Other (specify) ▼

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 3346.0

TOTAL This Period (last page this line number only) ▶ 3346.0

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
GOPS Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)
Various Individuals

Mailing Address
See below

City | State | ZIP Code

Election:
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼

Original Amount of Loan: 1500.00

Cumulative Payment To Date: -0-

Balance Outstanding at Close of This Period: 1500.00

TERMS

Date Incurred: 01 / 12 / 2006

Date Due: 01 / 12 / 2008

Interest Rate: 1.00 % (apr)

Secured: [ ] Yes [x] No

~~List All Endorsers or Guarantors (if any) to Loan Source~~ Lenders

1. Full Name (Last, First, Middle Initial)
~~Vincent~~ Nolan, Vincent
Mailing Address
12 Hillandale Rd
City: Danbury State: CT ZIP Code: 06811
Name of Employer: Town of New Milford, CT
Occupation: Economic Development
Amount Guaranteed Outstanding: 25000

2. Full Name (Last, First, Middle Initial)
~~Mary 6~~ Saracino, Mary 6
Mailing Address
124 Coalpit Hill Rd #39
City: Danbury State: CT ZIP Code: 06810
Name of Employer: Retired
Occupation:
Amount Guaranteed Outstanding: 25000

3. Full Name (Last, First, Middle Initial)
DeMarda, Allyn N.
Mailing Address
185 Pierpont Rd
City: Waterbury State: CT ZIP Code: 06705
Name of Employer: St of CT
Occupation: Ex Asst Comm. DEP
Amount Guaranteed Outstanding: 25000

4. Full Name (Last, First, Middle Initial)
James J. Smith
Mailing Address
2 Little Brook Lane
City: Newtown State: CT ZIP Code: 06470
Name of Employer: Retired
Occupation:
Amount Guaranteed Outstanding: 25000

SUBTOTALS This Period This Page (optional) ▶ 100000

TOTALS This Period (last page in this line only) ▶ [illegible]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
60PS Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)
Various Individuals

Mailing Address
see below

City | State | ZIP Code

Election:
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

Continued

TERMS

Date Incurred / Date Due / Interest Rate % (apr) / Secured: [ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Michael Festa
Mailing Address
PO Box 150
City: Oakville State: CT ZIP Code: 06779
Name of Employer: Self
Occupation: realestate / landlord
Amount Guaranteed Outstanding: 250 00

2. Full Name (Last, First, Middle Initial)
Sullman Robert B
Mailing Address
PO Box 627
City: New Milford State: CT ZIP Code: 06776
Name of Employer: ReMax Unlimited
Occupation: Realtor
Amount Guaranteed Outstanding: 250 00

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 500 00

TOTALS This Period (last page in this line only) ▶ 1500 00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

25039194298

Federal Election Commission
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☐ No Postmark	
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JKI PREPARER	10/6/06 DATE PREPARED

(3/2005)

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