

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 OCT 20 AM 9:18

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

GOP 5 COMMITTEE

ADDRESS (number and street)

120 SEYMOUR ROAD

Check if different than previously reported. (ACC)

TERRYVILLE

CT

06786

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000/81230

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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:

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on

in the State of

(d) 30-Day POST-Election Report for the:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on

in the State of

5. Covering Period

07 01 2008

through

09 30 2008

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

DORIS T ISBRECHT

Signature of Treasurer

Doris T Isbrecht

Date

10 14 2008

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

28039874295

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

MM DD YYYY
07 01 2008

To:

MM DD YYYY
09 30 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		2,653.93
(b) Cash on Hand at Beginning of Reporting Period.....	2,653.93	
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2,653.93	2,653.93
7. Total Disbursements (from Line 31).....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2,653.93	2,653.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
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

28039874296

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY - MM / DD / YYYY

To:

MM / DD / YYYY - MM / DD / YYYY

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).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

	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)		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)		

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

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.....
 - (c) Other Federal Operating Expenditures
 - (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
- 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
- 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))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

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)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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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
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)
GOP 5 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

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

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

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**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)				PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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)

A.		Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address				
City		State	Zip Code	
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name		Category/Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:			

B.		Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address				
City		State	Zip Code	
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name		Category/Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:			

C.		Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address				
City		State	Zip Code	
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name		Category/Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
GOP 5 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) VARIOUS INDIVIDUALS	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address SEE BELOW	
City State ZIP Code	

Original Amount of Loan 1,500.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 1,500.00
--	----------------------------	--

TERMS	Date Incurred 01/12/2006	Date Due 09/30/2008	Interest Rate 7% % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------	------------------------------------	-------------------------------	------------------------------------	--

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

1. Full Name (Last, First, Middle Initial) NOLAN, VINCENT	Name of Employer TOWN OF NEW MILFORD
Mailing Address 12 HILLDALE RD	Occupation ECONOMIC DEVELOPMENT
City State ZIP Code DANBURY CT 06811	Amount Guaranteed Outstanding: 250.00
2. Full Name (Last, First, Middle Initial) SARACINO, MARY G	Name of Employer RETIRED
Mailing Address 124 COAL PIT HILL RD #39	Occupation
City State ZIP Code DANBURY CT 06811	Amount Guaranteed Outstanding: 250.00
3. Full Name (Last, First, Middle Initial) DEMAIDA, ARLYN N	Name of Employer STATE OF CT
Mailing Address 185 PIERPOINT RD	Occupation EX ASS'T COMM. DEP
City State ZIP Code WATERBURY CT 06705	Amount Guaranteed Outstanding: 250.00
4. Full Name (Last, First, Middle Initial) SMITH, JAMES	Name of Employer RETIRED
Mailing Address 2 LITTLE BROOK LANE	Occupation
City State ZIP Code NEWTOWN CT 06470	Amount Guaranteed Outstanding: 250.00

SUBTOTALS This Period This Page (optional) ▶

1,000.00

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

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	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)
GOP 5 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) **VARIOUS INDIVIDUALS**

Mailing Address **See Below**

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan **1500.00** Cumulative Payment To Date Balance Outstanding at Close of This Period **1,500.00**

TERMS

Date Incurred **01 12 2006** Date Due **01 12 2008** Interest Rate **1%** % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) NOLAN VINCENT	Name of Employer TOWN OF NEW MILFORD
Mailing Address 12 HILLDALE RD NOLAN, VINCENT P	Occupation ECONOMIC DEVELOPMENT
City State ZIP Code DANBURY CT 06811	Amount Guaranteed Outstanding: 250.00
2. Full Name (Last, First, Middle Initial) SARACINO, MARY G	Name of Employer RETIRED
Mailing Address 124 COAK PIT HILL RD #39	Occupation
City State ZIP Code DANBURY CT 06811	Amount Guaranteed Outstanding: 250.00
3. Full Name (Last, First, Middle Initial) DEMAIDA ARLYN N	Name of Employer STATE OF CT
Mailing Address 185 PIER POINT RD	Occupation EX ASSA COMM DEP
City State ZIP Code WATERBURY CT 06705	Amount Guaranteed Outstanding: 250.00
4. Full Name (Last, First, Middle Initial) SMITH JAMES J	Name of Employer RETIRED
Mailing Address 2 LITTLE BROOK LANE	Occupation
City State ZIP Code NEWTOWN CT 06470	Amount Guaranteed Outstanding: 250.00

SUBTOTALS This Period This Page (optional) ▶ **1000.00**

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

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

28039874303

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE **OF**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
GOR 5 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)
VARIOUS INDIVIDUALS

Mailing Address
See Below

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
Continued **1,500.00**

TERMS Date Incurred Date Due Interest Rate Secured:
% (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
FESTA MICHAEL	SELF
Mailing Address PO Box 627	Occupation REAL ESTATE / LANDLORD
City State ZIP Code Deerfield Ct 06229	Amount Guaranteed Outstanding: 250.00
2. Full Name (Last, First, Middle Initial) SUHLIMAN ROBERT B	Name of Employer REMAX UNLIMITED
Mailing Address PO Box 627	Occupation REALTOR
City State ZIP Code NEW MILFORD Ct 06774	Amount Guaranteed Outstanding: 250.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	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.

28039874304

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
10/14/08

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

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

Other (Specify): Date of Receipt or Postmarked

Jms 10/20/08
 PREPARER DATE PREPARED

28039874305