

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 CITIZEN AWARENESS PROJECT INC. | | 3. FEC Identification Number C C90013814 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 700 17TH STREET SUITE 2000 | | |
| (c) City, State and ZIP Code DENVER CO 80202 | | |
| 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
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour 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 in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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 |
| Charles Smith | <i>Charles Smith</i> [Electronically Filed] | 11/01/2012 |

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)
CITIZEN AWARENESS PROJECT INC.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee Victory Phones | | Date MM / DD / YYYY 10 / 31 / 2012 |
| Mailing Address 190 Monroe NW | | Amount 2514.24 Transaction ID : F57.000001 |
| City Grand Rapids | State MI | |
| Zip Code 49503 | Purpose of Expenditure Automated Phone Calls | Category/Type |
| Name of Federal Candidate Supported or Opposed by Expenditure: Joe Miklosi | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CO District: 06 |
| Calendar Year-To-Date Per Election for Office Sought | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | Amount |
| City | State | |
| Zip Code | Purpose of Expenditure | Category/Type |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Calendar Year-To-Date Per Election for Office Sought | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | Amount |
| City | State | |
| Zip Code | Purpose of Expenditure | Category/Type |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Calendar Year-To-Date Per Election for Office Sought | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|---|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 2514.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | 2514.24 |
| (carry total from last page forward to Line 7) | | |