

**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 CITIZENS FOR THE REPUBLIC	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 122 SOUTH PATRICK STREET	
(c) City, State and ZIP Code ALEXANDRIA VA 22314	
3. FEC Identification Number <b>C</b> C90012196	
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Individual filers only</b>	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

M M / D D / Y Y Y Y

THROUGH

M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

0.00

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

William W. Pascoe, III

10/28/2010

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**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

CITIZENS FOR THE REPUBLIC

Full Name (Last, First, Middle Initial) of Payee  
BrabenderCox

Date

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

Mailing Address  
1218 Grandview Ave.

Amount

32971.21

City  
PittsburghState  
PAZip Code  
15211

Purpose of Expenditure

Mail Design &amp; Production &amp; Postage

Category/  
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 22

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
GEORGE K PHILLIPSCalendar Year-To-Date Per Election  
for Office Sought

32971.21

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date

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

Mailing Address  
1816 Garfield Avenue

Amount

24790.42

City  
AuroraState  
ILZip Code  
60506

Purpose of Expenditure

Automated phone calls

Category/  
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 22

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
GEORGE K PHILLIPSCalendar Year-To-Date Per Election  
for Office Sought

57761.63

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)

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

57761.63

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

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

57761.63