RECEIVED
FEDERAL ELECTION
COMMISSION

MAR 16 12 15 PM '98

March 11, 1998

Federal Elections Commission
999 E. Street, N.W.
Washington, D.C. 20483

Attn: Jacques Andre, Jr.

RE: G.O.P. - 5 COMMITTEE
C 00181230
JANUARY 31, 1998 YEAR END REPORT

DEAR MR. ANDRE:

I AM SUBMITTING MY JANUARY 31, 1998 REPORT ALONG WITH THIS LETTER. I SPOKE TO YOU ON FEBRUARY 26TH REGARDING NOT FILING THE REPORT. I AM THE NEW TREASURER FOR G.O.P. 5 COMMITTEE AND HAD NOT RECEIVED ANY FORMS FOR FILING. IN SPEAKING TO YOU, A CHECK OF THE COMPUTER SHOWED MY NAME AS TREASURER, BUT THE ADDRESS WAS THAT OF THE CHAIRPERSON.

I REQUESTED THAT YOU CORRECT THE INFORMATION ON THE COMPUTER AND ALSO CONTACTED THE SERVICE DIVISION TO SEND OUT FORM 3X AND ALL OTHER INFORMATION THAT I WOULD NEED TO FILL OUT THE REPORT. I RECEIVED THIS ON MARCH 10TH AND IMMEDIATELY FILLED OUT THE REPORT WHICH I AM SUBMITTING AT THIS TIME. I HOPE THAT THE ADDRESS CHANGE HAS BEEN MADE FOR FURTHER MAILINGS, SINCE I DO NOT WANT TO HAVE ANY FURTHER PROBLEMS.

THANK YOU FOR ALL THE HELP YOU GAVE ME WHEN I CONTACTED YOU.

VERY TRULY YOURS,
Lucy Mc Conologue
LUCY MC CONOLOGUE
GOP 5 COMMITTEE-TREASURER
14 EDWARD ROAD
SEYMOUR, CT., 06483

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

9812

3/11

RECEIVED FEDERAL ELECTION COMMISSION

MAR 16 12 15 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
GOP-5 Committee - Lucy McConologue Treas.

ADDRESS (number and street) [X] Check if different than previously reported
14 Edward Rd OK

CITY, STATE and ZIP CODE
Seymour, Ct 06483

2. FEC IDENTIFICATION NUMBER
C 00181230

3. [ ] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[X] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [ ] NO Ye

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 1997		$ 619.74
(b) Cash on Hand at Beginning of Reporting Period	$ 11,035.00	
(c) Total Receipts (from Line 19)	$ 90.00	$ 10,930.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11,125.00	$ 11,549.79
7. Total Disbursements (from Line 30)	$ 4,670.89	$ 5,095.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,454.11	$ 6,454.11
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)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Lucy McConologue

Signature of Treasurer: Lucy McConologue

Date: 3/10/98

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

3/17

FEC FORM 3X
(revised 9/93)

FE6AN068

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2; FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE GOP-5 Committee

REPORT COVERING PERIOD FROM 7/1/97 TO 7/31/97

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)			11(a)(ii)
ii. Unitemized	$90.00		11(a)(iii)
iii. Total (add i and ii) ➤			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$90.00		20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE6AN089

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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

FEEA/069

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): GOP-5 Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jeffrey Muthersbaug 54 Milwaukee Ave Bethel Ct 06801	Air Fare for Brunch Guest Speaker Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/10/97	$452.00
B. Jeffrey Muthersbaugh 54 Milwaukee Ave Bethel, Ct 06801	GOP-5 Meeting Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/10/97	$11.90
C. Catherine Watts 340 Mercy Dam Rd Middlebury, Ct 06762	Postage/Brunch Mailers Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/11/97	$273.36
D. Allen P. Thibodeau 166 Dinatali Dr. Waterbury Ct 06702	Photographer for Brunch Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/11/97	$220.00
E. The Fireside Inn 123 South Main St. Newtown, Ct 06470	Brunch Meals Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/11/97	$2772.00
F. Vincent Nolan 12 Hillandale Rd Danbury, Ct 06811	Postage - office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/15/97	$431.38
G. The Hartford Courant 285 Broad St Hartford Ct 06115	Subscription Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/15/97	$39.00
H. Shelton Postmaster 83 Bridge St. Shelton, Ct 06484	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/15/97	$63.00
I. ITT Hartford PO Box 620 New Hartford, NY 13413	Insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/16/97	$172.64

SUBTOTAL of Disbursements This Page (optional)	$4,435.78
TOTAL This Period (last page this line number only)	

FE6AN060

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Shelton Postmaster 83 Bridge St Shelton, Ct 06484	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/25/97	$3.09
B. Full Name, Mailing Address and ZIP Code Catherine Watts 340 Merey Dam Rd Middlebury, Ct 06762	Purpose of Disbursement Stationary/labels Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/28/97	$92.20
C. Full Name, Mailing Address and ZIP Code Tele Flora Credit Line 12233 West Olympic Blvd Los Angeles, CA 90064	Purpose of Disbursement Terminal lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/24/97	$139.82
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $235.11

TOTAL This Period (last page this line number only) $4,670.89

FE5-N008

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional) .....

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.

FE8AN082

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was recived.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 3-11-98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	3-16-98 DATE PREPARED

(7/97)