FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

	oration Covernment		
Filangieri Society for Justice and Good (	Government		
(b) Address (number and street)	rif different than previously reported		
(c) City, State and ZIP Code			FEC Identification Number
Greenwich CT 06831			
. Corporate filers only is the filer a qual	ified nonprofit corporation?	□ No	_ <b>C</b> cooooooo
Individual filers only Name of Employ	ver .		Occupation
TYPE OF REPORT (check appropriate to the control of the contr	priate boxes):		
(a) April 15 Quarterly Report	24-Hour Notice	e 🗌 48-Hou	r Notice
☐ July 15 Quarterly Report			
October Quarterly Report			
	rt		
(b) Is this Report an amendment?	Yes No 🛛		
(b) Is this Report an amendment?  5. COVERING PERIOD: FROM	Yes No X  M 1 1		
	M M / D D / Y Y Y		
	M11 ' 08 ' 2006 '		
5. COVERING PERIOD: FROM	M M ' D B ' Y Y Y O O 6 Y THROUGH		35000.00
5. COVERING PERIOD: FROM  6. TOTAL CONTRIBUTIONS	M11 ' 08 ' 2006 ' THROUGH 01 ' 07 ' 2008 '		35000.00 33020.11
5. COVERING PERIOD: FROM  6. TOTAL CONTRIBUTIONS	THROUGH  O 1 O 7 O 7 O 7 O 7 O 7 O 7 O 7 O 7 O 7	or consent of, or in constitu	33020.11
5. COVERING PERIOD: FROM  6. TOTAL CONTRIBUTIONS	THROUGH  M 1 1 0 8 2006  THROUGH  O 1 0 7 2008  OITURES	or consent of, or in constitu	33020.11
COVERING PERIOD: FROM      TOTAL CONTRIBUTIONS	THROUGH  M 1 1 0 8 2006  THROUGH  M 1 0 7 2008  THROUGH  M 1 0 7 2008  THROUGH  THRO	or consent of, or in constitu nt in addition, if the indep ssion's regulations	33020.11

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-A	
ITEMIZED RECEIPTS	S

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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 FILER (In Full)

Filangieri Society for Justice and Good Government

A. Full Name (Last, First, Middle Initial)

Lawrence E Auriana

Full Name (Last, First, Middle Initial)  Lawrence E Auriana  Mailing Address 839 Lake Avenue				Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code		Transaction ID: F56.000001	
Greenwich	СТ	06831		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C			35000.00	
Name of Employer			Occupation		
Federated Investors	Co-Portfolio Manager				

SUBTOTAL of Receipts This Page (optional)	35000.00
TOTAL This Period (last page carry total to Line 6)	35000.00

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SCHEDULE 5-E			PAGE 3/3
TEMIZED INDEPENDENT EXPENDITURES			FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)			
Filangieri Society for Justice and Good Government			
Full Name (Last, First, Middle Initial) of Payee		Date	
Fmi Direct Mail		ł	/ D D / Y Y Y Y
Mailing Address			07 2008
2100 Kubach Road		Amount	
City State	Zip Code	-1	33020.11
City State Philadelphia PA	19116		
Purpose of Expenditure		ffice Sought:	<del></del>
Postage for mailing-Congressman Ackerman's Vote aga	Calogory		House State: NY
		House	Senate District: 05
Name of Federal Candidate Supported or Opposed by Expenditure	:	L	
Gary Ackerman	C	heck One:	Support X Oppose
Colondar Very To Date Day Floring	Di	sbursement For:	Primary General
Calendar Year-To-Date Per Election for Office Sought	33020.11	Other (specify)	<u> </u>
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<del></del>			
(a) SUBTOTAL of Itemized Independent Expenditures			33020.11
1-7			
(b) SUBTOTALof Unitemized Independent Expenditures			
(a) and a tribit attended the heard of the policies of the section			
(c) TOTAL Independent Expenditures			33020.11
(carry total from last page forward to Line 7)			

(3/2005)

## **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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Webform Other (Specify): **PREPARER** DATE PREPARED