FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2009 JAN 12 PM 12:25
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 — CITY ▲ — STATE ▲ CT — ZIP CODE ▲ 06786

2. FEC IDENTIFICATION NUMBER ▼ C00181230

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:
- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 10 01 2008 through 11 24 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 12 31 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

FE6AN026

29039974499

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

GOP 5 Committee

Report Covering the Period: From: 10 01 2008 To: 11 24 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

29039974500

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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00		1500.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
01 / 12 / 2006	10 / 01 / 2008	1% % (apr)	[ ] Yes [ ] No

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

1. Full Name (Last, First, Middle Initial): NOLAN, VINCENT
   Mailing Address: 12 Hillandale Rd
   City: Danbury State: Ct ZIP Code: 06811
   Name of Employer: TOWN OF NEW MILFORD
   Occupation: ECONOMIC DEVELOPMENT
   Amount Guaranteed Outstanding: 250.00

2. Full Name (Last, First, Middle Initial): SARACINO, MARY G
   Mailing Address: ~~124~~ 5 BRINSCAL CT
   City: Danbury State: Ct ZIP Code: 06810
   Name of Employer: RETIRED
   Occupation:
   Amount Guaranteed Outstanding: 250.00

3. Full Name (Last, First, Middle Initial): DEMAIDA, ALLYN N
   Mailing Address: 185 PIERPOINT Rd
   City: WATERBURY State: Ct ZIP Code: 06705
   Name of Employer: EX ASS'T COMM DEP
   Occupation: STATE OF CT
   Amount Guaranteed Outstanding: 250.00

4. Full Name (Last, First, Middle Initial): SMITH, JAMES
   Mailing Address: 2 Little BROOK LANE
   City: NEWTOWN State: Ct ZIP Code: 06470
   Name of Employer: RETIRED
   Occupation:
   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.

29039974501

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

City State ZIP Code

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan: Continued

Cumulative Payment To Date:

Balance Outstanding at Close of This Period: 1500.00

TERMS

Date Incurred: 01 12 2006

Date Due: 10 01 2008

Interest Rate: 10 % (apr)

Secured: [ ] Yes [ ] No

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

1. Full Name (Last, First, Middle Initial): FESTA, Michael
   Mailing Address: PO Box 627
   City: OAKVILLE State: CT ZIP Code: 06779
   Name of Employer: SELF
   Occupation: REAL ESTATE / LANDLORD
   Amount Guaranteed Outstanding: 250.00

2. Full Name (Last, First, Middle Initial): SULLIMAN, ROBERT B
   Mailing Address: PO Box 627
   City: NEW MILFORD State: CT ZIP Code: 06776
   Name of Employer: RE MAX UNLIMITED
   Occupation: REALTOR
   Amount Guaranteed Outstanding: 250.00

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City State ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City State ZIP Code:
   Name of Employer:
   Occupation:
   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.

29039974502

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.

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☑ Postmark Illegible	
☐ No Postmark	
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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
Jmlo	1/12/09
PREPARER	DATE PREPARED

(3/2005)

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