

2009 JAN 12 PM 12:26

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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 RD

Check if different than previously reported. (ACC)

TERRYVILLE

CT

06786

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000181230

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 12/31/08 in the State of CT

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on 12/31/08 in the State of CT

5. Covering Period 11/25/2008 through 12/31/2008

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GO P 5 Committee

Report Covering the Period: From:

11 25 2008

To:

12 31 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

29039974506

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
SEE BELOW

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS Date Incurred Date Due Interest Rate Secured:
01/12/2006 12/31/2008 10% (apr) Yes No

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

1. Full Name (Last, First, Middle Initial) NOHAN, VINCENT	Name of Employer TOWN OF NEW MILFORD
Mailing Address 12 HILLDALE RD	Occupation ECONOMIC DEVELOPMENT
City State ZIP Code DANBURY CT 06811	Amount Guaranteed Outstanding: 250.00
2. Full Name (Last, First, Middle Initial) SARACINO, MARY G	Name of Employer RETIRED
Mailing Address 5 BRINSLA CT	Occupation
City State ZIP Code DANBURY CT 06810	Amount Guaranteed Outstanding: 250.00
3. Full Name (Last, First, Middle Initial) DEMAIDA, ARLYN N	Name of Employer STATE OF CT
Mailing Address 185 PIER POINT RD	Occupation EX ASS'T COMM. DEIP
City State ZIP Code WATERBURY CT 06705	Amount Guaranteed Outstanding: 250.00
4. Full Name (Last, First, Middle Initial) SMITH, JAMES	Name of Employer RETIRED
Mailing Address 2 LITTLE BROOK LANE	Occupation
City State ZIP Code NEW TOWN, CT 06470	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.

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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) GO P 5 COMMITTEE			
LOAN SOURCE Full Name (Last, First, Middle Initial) VARIOUS INDIVIDUALS		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address			
City		State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period	
CONTINUED			
TERMS			
Date Incurred	Date Due	Interest Rate	Secured:
01/12/2006	12/31/2008	16% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial) FESTA, MICHAEL		Name of Employer SELF	
Mailing Address PO BOX 627		Occupation REAL ESTATE LANDLORD	
City	State	ZIP Code	
OAKVILLE	CT	06779	
2. Full Name (Last, First, Middle Initial) SULLIMAN, ROBERT B		Name of Employer RE MAX UNLIMITED	
Mailing Address PO BOX 627		Occupation REALTOR	
City	State	ZIP Code	
NEW MILFORD	CT	06776	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	
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.			

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
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

Jm P
PREPARER
(3/2005)

1/12/09
DATE PREPARED

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