

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 Filangieri Society for Justice and Good Government		3. FEC Identification Number C C90009481
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 14 Paddock Drive		
(c) City, State and ZIP Code Greenwich CT 06831		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

11 / 03 / 2012
 THROUGH
11 / 07 / 2012

6. TOTAL CONTRIBUTIONS

100000.00

7. TOTAL INDEPENDENT EXPENDITURES

100000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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

[Electronically Filed]

Lawrence E Auriana

Lawrence E Auriana

11/07/2012

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

Filangieri Society for Justice and Good Government

A. Full Name (Last, First, Middle Initial) Lawrence E Auriana			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>11 / 06 / 2012</div> </div>		
Mailing Address 839 Lake Avenue			Transaction ID : F56.000001		
City	State	Zip Code	Amount of Each Receipt this Period		
Greenwich	CT	06831	<div> <div>Amount</div> <div>100000.00</div> </div>		
FEC ID number of contributing federal political committee.		<div>C</div>			
Name of Employer Federated Investors			Occupation Co-Portfolio Manager		

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		

C. Full Name (Last, First, Middle Initial)	Date of Receipt
Mailing Address	<div>MM / DD / YYYY</div>
City State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<div>CXXXXXXXXXXXXXXX-XX-XXXXX</div>
Name of Employer Occupation	

D. Full Name (Last, First, Middle Initial)	Date of Receipt
Mailing Address	<div>MM / DD / YYYY</div>
City State Zip Code	<div>Amount of Each Receipt this Period</div> <div></div>
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	

SUBTOTAL of Receipts This Page (optional)	▶	100000.00
TOTAL This Period (last page carry total to Line 6)	▶	100000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Filangieri Society for Justice and Good Government

Full Name (Last, First, Middle Initial) of Payee Ending Spending, Inc.		Date MM / DD / YYYY 11 / 06 / 2012	
Mailing Address 1395 S. Platte River Drive		Amount 100000.00	
City Denver	State CO	Zip Code 80223	
Purpose of Expenditure Mailing-Ending Spending		Category/ Type 012	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	100000.00