

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2010 JUL 19 PM 1:13

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FB4M5

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**

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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 04 / 01 / 2010 through 06 / 30 / 2010

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 07 / 15 / 2010

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

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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GOP 5 Committee

Report Covering the Period: From:    To:

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2010"/>	<input type="text" value="2,653.93"/>	<input type="text" value="2,653.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="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).....	<input type="text" value="2,653.93"/>	<input type="text" value="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)).....	<input type="text" value="2,653.93"/>	<input type="text" value="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).....	<input type="text" value="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

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**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*GoP 5 Committee*

Report Covering the Period:

From:

*MM* / *DD* / *YYYY*  
*04* / *01* / *2010*

To:

*MM* / *DD* / *YYYY*  
*06* / *30* / *2010*

**I. Receipts**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

*0,000.00*

*0,000.00*

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

*0000.00*

*0000.00*

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**DETAILED SUMMARY PAGE  
of Disbursements**

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	000000	000000
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	000000	000000

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**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) ..... ▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) ..... ▶



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**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**GO P 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:

**04 01 2010 07 15 2010 1% % (apr)  Yes  No**

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

1. Full Name (Last, First, Middle Initial) <b>NOLAN, VINCENT</b>	Name of Employer <b>TOWN OF NEW MILFORD</b>
Mailing Address <b>12 HILLDALE RD</b>	Occupation <b>ECONOMIC DEVELOPMENT</b>
City State ZIP Code <b>DANBURY CT 06811</b>	Amount Guaranteed Outstanding: <b>250.00</b>
2. Full Name (Last, First, Middle Initial) <b>SARACINO, MARY G</b>	Name of Employer <b>RETIRED</b>
Mailing Address <b>5 BRINSLA COURT</b>	Occupation
City State ZIP Code <b>DANBURY CT 06810</b>	Amount Guaranteed Outstanding: <b>25000</b>
3. Full Name (Last, First, Middle Initial) <b>DEMAIDA, ALYN N</b>	Name of Employer <b>STATE OF CT EXC ASS '4 COMM</b>
Mailing Address <b>185 PIERPOINT RD</b>	Occupation <b>DEP</b>
City State ZIP Code <b>WATERBURY CT 06715</b>	Amount Guaranteed Outstanding: <b>250.00</b>
4. Full Name (Last, First, Middle Initial) <b>SMITH, JAMES</b>	Name of Employer <b>RETIRED</b>
Mailing Address <b>2 LITTLE BROOK LANE</b>	Occupation
City State ZIP Code <b>NEW TOWN CT 06470</b>	Amount Guaranteed Outstanding: <b>250.00</b>

**SUBTOTALS** This Period This Page (optional) ..... ▶ **1000.00**

**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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**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

TERMS Date Incurred Date Due Interest Rate Secured:  
**04 01 2010 07 15 2010 1 % (apr) Yes No**

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

1. Full Name (Last, First, Middle Initial) <b>FESTA, MICHAEL</b>	Name of Employer <b>SELF</b>
Mailing Address <b>PO BOX 150</b>	Occupation <b>REAL ESTATE LANDLORD</b>
City State ZIP Code <b>OARVILLE CT 06779</b>	Amount Guaranteed Outstanding: <b>250.00</b>
2. Full Name (Last, First, Middle Initial) <b>SULIMAN, ROBERT B</b>	Name of Employer <b>REALTOR</b>
Mailing Address <b>2153 FARMINGTON BAY CT</b>	Occupation <b>REMAX UNLIMITED</b>
City State ZIP Code <b>HENDERSON NV 09044</b>	Amount Guaranteed Outstanding: <b>250.00</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▷ **500.00**

**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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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/13/10
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JAD*  
 PREPARER

7/19/10  
 DATE PREPARED

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