

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED  
CENTER

2007 OCT 24 AM 9:39

1. (a) Name of Individual, Organization or Corporation <b>GUY CARLETON MCLENDON</b>		3. FEC Identification Number <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>8011 DUFFIELD LANE</b>		
(c) City, State and ZIP Code <b>HOUSTON, TX 77071</b>		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	Name of Employer <b>CITGO PETROLEUM CORP</b>	Occupation <b>ENGINEER</b>

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  
 07' 01' 2007  
 THROUGH  
 09' 30' 2007

6. TOTAL CONTRIBUTIONS ..... **φ**

7. TOTAL INDEPENDENT EXPENDITURES ..... **54125**

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

**GUY MCLENDON**

*Guy McLendon*

**10/6/07**

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

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**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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)  
**GUY MCLENDON**

<b>A. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>		
Mailing Address			M M / D D / 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			

<b>B. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>		
Mailing Address			M M / D D / 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			

<b>C. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>		
Mailing Address			M M / D D / 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			

<b>D. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>		
Mailing Address			M M / D D / 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			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	-	-	-
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	▶	-	-	-

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**GUY CARLETON McLENDON**

Full Name (Last, First, Middle Initial) of Payee <b>MICHAEL FRANKS PRINTING</b>		Date <b>07' 17' 2007</b>
Mailing Address <b>404 IH-45</b>		Amount <b>, 541.25</b>
City <b>HUNTSVILLE</b>	State <b>TX</b>	
Zip Code <b>77488</b>		
Purpose of Expenditure <b>YARD SIGNS</b>	Category/Type <b>004</b>	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: <b>HON. RON PAUL</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>541.25</b>		Disbursement For: <input checked="" 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.....	▶	, , .
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	, , .
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	, , .

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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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>10/15/07</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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

*JMS*  
 PREPARER  
 (3/2005)

*10/24/07*  
 DATE PREPARED

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