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January 3, 2011

Federal Election Commission  
999 E. Street, N.W.  
Washington, D.C. 20463

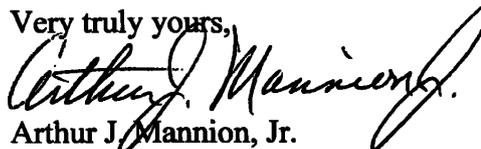
Dear Sir or Madam:

GOP 5 Committee

The starting cash for the Third Quarter Report ending September 30, 2010 has a change from the ending as of the prior report. I found an arithmetic error, addition rather than subtraction, in earlier records which resulted in an error in the amount of cash on hand. Adjusting for this error resulted in a bank and Committee reconciliation.

Thank you for your cooperation.

Very truly yours,



Arthur J. Mannion, Jr.  
Treasurer

11030533794

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
GAR 5 COMMITTEE

ADDRESS (number and street) 7134 AVALON VALLEY DRIVE
DANBURY CT 06810

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C00181230

Table with 4 columns: (a) Quarterly Reports (Q1-Q3, YE, MY, TER), (b) Monthly Report Due On (Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31), (c) 12-Day PRE-Election Report for the (Primary, Convention, General, Special), (d) 30-Day POST-Election Report for the (General, Runoff, Special). Includes date and state fields.

5. Covering Period 07 01 2010 through 09 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 ARTHUR J. MANNION, JR
Signature of Treasurer [Handwritten Signature] Date 01 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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11030533795

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

---

Report Covering the Period: From:  /  /  To:  /  /

11030533796

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text"/>		1,162.43
(b) Cash on Hand at Beginning of Reporting Period.....	1,162.43	
(c) Total Receipts (from Line 19).....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,162.43	1,162.43
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,162.43	1,162.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<del>1,800.00</del>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1,800.00	

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

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)  
*CoP5 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*

TERMS Date Incurred Date Due Interest Rate Secured:  
*01/12/2006 04/01/2006 10% (apr)*  Yes  No

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

1. Full Name (Last, First, Middle Initial) <i>NOLAN, VINCENT</i>	Name of Employer <i>TOWN OF NEW MILFORD</i>
Mailing Address <i>12 HILLANDALE RD</i>	Occupation <i>ECONOMIC DEVELOPMENT</i>
City State ZIP Code <i>DANBURY CT 06811</i>	Amount Guaranteed Outstanding: <i>250.00</i>
2. Full Name (Last, First, Middle Initial) <i>SARACINO, MARY G</i>	Name of Employer <i>RETIRED</i>
Mailing Address <i>5 BRINSCA COURT</i>	Occupation
City State ZIP Code <i>DANBURY CT 06810</i>	Amount Guaranteed Outstanding: <i>250.00</i>
3. Full Name (Last, First, Middle Initial) <i>DEMAIDA, ALLYN N</i>	Name of Employer <i>STATE OF CT EX ASS'T COMM</i>
Mailing Address <i>185 PIER POINT RD</i>	Occupation <i>DEP</i>
City State ZIP Code <i>WATERBURY CT 06705</i>	Amount Guaranteed Outstanding: <i>250.00</i>
4. Full Name (Last, First, Middle Initial) <i>JAMES SMITH</i>	Name of Employer <i>RETIRED</i>
Mailing Address <i>2 Little BROOK LANE</i>	Occupation
City State ZIP Code <i>NEWTON CT 06470</i>	Amount Guaranteed Outstanding: <i>250.00</i>

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.

11030533797

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

LOAN SOURCE Full Name (Last, First, Middle Initial)

VARIOUS INDIVIDUALS

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

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 04 ' 01 ' 2006 1% % (apr)  Yes  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	Amount Guaranteed Outstanding: 250.00
2. Full Name (Last, First, Middle Initial) SULLIVAN, ROBERT B	Name of Employer REMAX Unlimited
Mailing Address PO Box 627	Occupation REALTOR
City State ZIP Code New Milford CT 06776	Amount Guaranteed Outstanding: 250.00
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) .....

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label	<input checked="" 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

*Amos*  
 PREPARER

*1/15/11*  
 DATE PREPARED

1103053799