

# 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 <b>CITIZENLINK (formerly FOCUS ON THE FAMILY ACTION)</b>		3. FEC Identification Number <b>C C90008186</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8655 EXPLORER DRIVE		
(c) City, State and ZIP Code COLORADO SPRINGS CO 80920		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	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

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Sonja Swiatkiewicz	<i>Sonja Swiatkiewicz</i>	11/03/2012

*[Electronically Filed]*

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

**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)  
CITIZENLINK (formerly FOCUS ON THE FAMILY ACTION)

<b>A.</b> Full Name (Last, First, Middle Initial) Florida Family Action, Inc.			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012		
Mailing Address 4853 South Orange Avenue			<b>Transaction ID : F56.000001</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Orlando	FL	32086	1033.02		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>B.</b> Full Name (Last, First, Middle Initial) Florida Family Action, Inc.			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012		
Mailing Address 4853 South Orange Avenue			<b>Transaction ID : F56.000002</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Orlando	FL	32086	689.22		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1722.24
<b>TOTAL</b> This Period (last page carry total to Line 6) ..... ▶	1722.24

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CITIZENLINK (formerly FOCUS ON THE FAMILY ACTION)

Full Name (Last, First, Middle Initial) of Payee Florida Family Action, Inc.		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 4853 South Orange Avenue		Amount 1033.02 <b>Transaction ID : F57.000001</b>
City Orlando	State FL	
Purpose of Expenditure Door hanger - Michigan (in-kind: canvassers); also opposes Obama	Category/Type 004	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 1535386.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Florida Family Action, Inc.		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 4853 South Orange Avenue		Amount 689.22 <b>Transaction ID : F57.000002</b>
City Orlando	State FL	
Purpose of Expenditure Door hanger - Florida (in-kind: canvassers); also opposes Obama	Category/Type 004	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 1536075.36		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	
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	1722.24
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1722.24