

# 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<br>Fidelis   |   | 3. FEC Identification Number<br><b>C</b> C90011800 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>PO Box 2709 |   |  |
| (c) City, State and ZIP Code<br>Chicago IL 60690  |   |  |
| 2. <b>Corporate filers only</b>   | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Individual filers only</b>   | Name of Employer Occupation   |  |

4. TYPE OF REPORT (check appropriate boxes):

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

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

THROUGH

|   |   |
|---|---|
| M | M |
| 1 | 0 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 6 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

6. TOTAL CONTRIBUTIONS ..... 

|      |
|------|
| 0.00 |
|------|

7. TOTAL INDEPENDENT EXPENDITURES..... 

|         |
|---------|
| 9672.30 |
|---------|

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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       |
|--|-----------|------------|
| Joshua Mercer                                |           | 10/26/2010 |

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

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-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Fidelis

Full Name (Last, First, Middle Initial) of Payee  
CBS Radio

Date

/   /

Mailing Address  
1515 Broadway  
40th Floor

Amount

City State Zip Code  
New York NY 10036

Purpose of Expenditure  
Sharron Angle radio advertisement

Category/  
Type

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
SHARRON E ANGLE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Charlottesville Radio Group

Date

/   /

Mailing Address  
1140 Rose Hill Drive

Amount

City State Zip Code  
Charlottesville VA 22903

Purpose of Expenditure  
Robert Hurt radio ad

Category/  
Type

Office Sought:  House State: VA  
 Senate District: 05  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
ROBERT HURT

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Clear Channel Radio

Date

/   /

Mailing Address  
3534 East Kimberly Road

Amount

City State Zip Code  
Davenport IA 52807

Purpose of Expenditure  
Bobby Schilling radio ad

Category/  
Type

Office Sought:  House State: IL  
 Senate District: 17  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
ROBERT TODD SCHILLING

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:  Primary  General  
2010  
 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)

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Fidelis

Full Name (Last, First, Middle Initial) of Payee  
Midwest Communications

Date

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Mailing Address  
904 Grand Ave

Amount

2080.00

City State Zip Code  
Wausau WI 54403

Purpose of Expenditure  
Sean Duffy Radio ad

Category/  
Type

Office Sought:  House State: WI  
House  Senate District: 07  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
SEAN P DUFFY

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 2080.00

Disbursement For: 2010  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Radio Results Network

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
524 Ludington St.  
Ste 300

Amount

1647.30

City State Zip Code  
Escanaba MI 49829

Purpose of Expenditure  
Benishek Radio Ad

Category/  
Type

Office Sought:  House State: MI  
House  Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
DANIEL J BENISHEK

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 1647.30

Disbursement For: 2010  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

3727.30

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

9672.30