

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>CatholicVote.org</b>		3. FEC Identification Number <b>C</b> C90011800
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 259837		
(c) City, State and ZIP Code Madison WI 53725		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment?  No  Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM 

M M	/	D D	/	Y Y Y Y
07		01		2021

THROUGH 

M M	/	D D	/	Y Y Y Y
09		30		2021

6. TOTAL CONTRIBUTIONS.....	10000.00
7. TOTAL INDEPENDENT EXPENDITURES .....	10000.00

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.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

*[Electronically Filed]*

Mercer, Joshua, , ,

Mercer, Joshua, , ,

10/15/2021

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



**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)  
CatholicVote.org

<b>A. Full Name (Last, First, Middle Initial)</b> Paradowski, W. Jeff, , ,			Date of Receipt 08 / 03 / 2021 <b>Transaction ID : F56.4874</b>		
Mailing Address 1604 Copperfield Parkway			Amount of Each Receipt this Period 250.00		
City College Station	State TX	Zip Code 77845	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer Self			Occupation Attorney		

<b>B. Full Name (Last, First, Middle Initial)</b> Peterson, Nancy, , ,			Date of Receipt 08 / 03 / 2021 <b>Transaction ID : F56.4858</b>		
Mailing Address 4410 Hillcrest Ave			Amount of Each Receipt this Period 500.00		
City Royal Oak	State MI	Zip Code 48073	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00		
Name of Employer Mother and Unborn Child Care			Occupation Executive Director		

<b>C. Full Name (Last, First, Middle Initial)</b> Ramich, Joel, , ,			Date of Receipt 08 / 04 / 2021 <b>Transaction ID : F56.4862</b>		
Mailing Address 18 Farber hill Road			Amount of Each Receipt this Period 500.00		
City Boonton Township	State NJ	Zip Code 07005	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00		
Name of Employer Retired			Occupation Retired		

<b>D. Full Name (Last, First, Middle Initial)</b> Unitemized, Unitemized, , ,			Date of Receipt 09 / 30 / 2021 <b>Transaction ID : F56.4876</b>		
Mailing Address PO Box 259837			Amount of Each Receipt this Period 5750.00		
City Madison	State WI	Zip Code 53725	Amount of Each Receipt this Period 5750.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5750.00		
Name of Employer None			Occupation None		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7000.00

**TOTAL** This Period (last page carry total to Line 6) ..... ▶



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CatholicVote.org

Full Name (Last, First, Middle Initial) of Payee Facebook		Date of Public Distribution/Dissemination 08 / 13 / 2021	
Mailing Address 1601 Willow Road		Amount 5000.00	
City Menlo Park	State CA	Zip Code 94025	
Purpose of Expenditure Digital online ads		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: AXNE, CINDY, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Facebook		Date of Public Distribution/Dissemination 08 / 13 / 2021	
Mailing Address 1601 Willow Road		Amount 5000.00	
City Menlo Park	State CA	Zip Code 94025	
Purpose of Expenditure Digital online ads		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CARTWRIGHT, MATTHEW A., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5000.00		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 of Public Distribution/Dissemination	
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	10000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	10000.00