RES PUBLICA

October 28, 2004

To: Federal Election Commission
From: Tom Perriello
Res Publica
Re: FEC Form 9
Page 1 of 5

I have completed these forms on behalf of Catholics for Political Responsibility. If there are questions or concerns about his form, please contact me at 12-300-2029 or tomperriello@yahoo.com. Thank you.

Res Publica, LLC
(212) 300-2029 47 West 75th Street, 1R New York, NY 10023 www.therespublica.org

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name: CATHOLICS FOR POLITICAL RESPONSIBILITY

(b) Address (number and street) ☐ check if different than previously reported: P.O. Box 65142

(c) City, State and ZIP Code: WASHINGTON, DC 20035

2. FEC Identification Number: C

(d) Name of Employer or Principal Place of Business:

(e) Occupation:

3. Is This Statement: ☒ New or ☐ Amended

4. Covering Period: 10 15 2004 through 10 23 2004

5. (a) Date of Public Distribution(s): 10 23 2004 (b) Communication Title: "Spiritual Promises" "Moral Failures"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ☐ No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☐ No ☒

8. Custodian of Records

(a) Name: THOMAS CARROLL

(b) Address (number and street): P.O. Box 65142

(c) City, State and ZIP Code: Washington DC

(d) Name of Employer or Principal Place of Business: RESTRUCTURING ASSOC

(e) Occupation: BUSINESS CONSULTANT

9. Total Donations This Statement: $1,135,000.00

10. Total Disbursements/Obligations This Statement: $820,800.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications 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: THOMAS PERRIELLO

SIGNATURE: [signature] DATE: 10/28/04

NOTE: Submission of false, fraudulent or incomplete information may subject the person signing this document to the penalties of 5 U.S.C. §557g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
THOMAS CARROLL
(b) Address (number and street)
PO Box 65142
(c) City, State and ZIP Code
Washington, DC 20035
(d) Name of Employer or Principal Place of Business
RESTRUCTURING ASSOC
(e) Occupation
BUSINESS CONSULTANT

B. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

C. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor PEOPLE OF FAITH FOR TRUTH (Mainc) Mailing Address of Donor 488 Beacon St #12 City State Zip Boston MA 02115	Date of Receipt 10 / 26 / 2004 Amount 11,000,000	
B. Full Name of Donor SARA SIEVERS Mailing Address of Donor 488 Beacon St #12 City State Zip Boston MA 02115	Date of Receipt 10 / 21 / 2004 Amount 350,000	
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount	
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount	
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount	

SUBTOTAL of Donations This Page (optional) ▶ 11,350,000

TOTAL This Period (last page this line number only) ▶ 11,350,000
(carry total from last page to Line 9)

FE3A1038.FOF

FEC FORM 8 (REV. 02/2003)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee: STRAUSS RADIO STRATEGIES, INC

Mailing Address of Payee: 529 14th Street, NW

City: WASHINGTON State: DC Zip Code: 20045

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 26 2004

Amount: 8208800

Communication Date: 10 27 2004

Purpose of Disbursement (including title(s) of communication(s)): Radio Ads: "Broken Promises" + "Moral Failure" 10/27/04

Name of Federal Candidate: George W. Bush — Office Sought: [ ] House [ ] Senate [X] President — State: District: — Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: District: — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: District: — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: District: — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: District: — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: District: — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 8208800

TOTAL This Period (last page this line number only) ▶ 8208800
(carry total from last page to Line 10)

FB3A0000.PDF

FEC FORM 8 (REV. 6/2003)

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☒ Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
PREPARER

N/A
DATE PREPARED

(5/2004)