

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

MATTHEW 25 NETWORK

ADDRESS (number and street) ▼

PO BOX 33995

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20033

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00449801

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 14 2010

through

M M M / D D D / Y Y Y Y Y Y
11 22 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 Christopher Korzen

Signature of Treasurer

Christopher Korzen

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 07 2012

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MATTHEW 25 NETWORK

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		14		2010

To:

M M	/	D D	/	Y Y Y Y Y
11		22		2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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colspan="5">2010</td></tr></table>	Y	Y	Y	Y	Y	2010						<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><t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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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MATTHEW 25 NETWORK

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 14 2010

To:

M M / D D / Y Y Y Y Y
11 22 2010**I. Receipts****COLUMN A
Total This Period****COLUMN B
Calendar Year-to-Date****11. Contributions (other than loans) From:****(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

1750.00

6800.00

(ii) Unitemized

2985.00

7875.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4735.00

14675.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

15000.00

15000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

19735.00

29675.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

19735.00

29675.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

19735.00

29675.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	393.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	393.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	20281.95	20584.72
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20281.95	20978.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20281.95	20978.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19735.00	29675.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19735.00	29675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	393.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	393.71

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 COMMITTEE (In Full)

MATTHEW 25 NETWORK

Full Name (Last, First, Middle Initial)

A. Michael Booth

Mailing Address 143 W. Lanvale St

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Constellation Energy

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2010

Transaction ID : SA11AI.7286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael D. McCurry

Mailing Address 10313 Fawcett St.

City State Zip Code
Kensington MD 20895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Public Strategies Washington

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2010

Transaction ID : SA11AI.7029

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas Ward

Mailing Address 218 Chestnut Ave.

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auctive, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2010

Transaction ID : SA11AI.7302

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 COMMITTEE (In Full)

MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial)
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street, NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00002089

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 15 / 2010

Transaction ID : SA11C.7032

Amount of Each Receipt this Period

5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

Mailing Address 905 16TH STREET NW

City State Zip Code
 WASHINGTON DC 20006

FEC ID number of contributing
federal political committee.

C C70004171

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 27 / 2010

Transaction ID : SA11C.7334

Amount of Each Receipt this Period

10000.00

Contribution

C. Full Name (Last, First, Middle Initial)
 Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Suzette CaldwellNature of Debt (Purpose):
Newspaper Advertisement

Mailing Address PO Box 130876

City State

Zip Code

Spring

TX

77393

Outstanding Balance Beginning This Period

4931.64

Transaction ID : SD10.4515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4931.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Reimbursement for Legal Services

Mailing Address 415 Michigan Ave. NE

City State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

585.00

Transaction ID : SD10.7012

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

585.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Staff Time

Mailing Address 415 Michigan Ave. NE

City

State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

4132.99

Transaction ID : SD10.7004

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4132.99

1) **SUBTOTALS** This Period This Page (optional)..... ►

9649.63

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Rent

Mailing Address 415 Michigan Ave. NE

City State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

92.69

Transaction ID : SD10.7006

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Web and email hosting

Mailing Address 415 Michigan Ave. NE

City State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

51.48

Transaction ID : SD10.7007

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

51.48

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Email list rental

Mailing Address 415 Michigan Ave. NE

City

State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

2054.20

Transaction ID : SD10.7008

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2054.20

1) SUBTOTALS This Period This Page (optional)..... ►

2198.37

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Email list rental

Mailing Address 415 Michigan Ave. NE

City State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

6.35

Transaction ID : SD10.7139

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Staff time

Mailing Address 415 Michigan Ave. NE

City State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

2354.84

Transaction ID : SD10.7136

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2354.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Rent

Mailing Address 415 Michigan Ave. NE

City

State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

102.42

Transaction ID : SD10.7137

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

102.42

1) **SUBTOTALS** This Period This Page (optional)..... ►

2463.61

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catholics UnitedNature of Debt (Purpose):
Email and web hosting

Mailing Address 415 Michigan Ave. NE

City State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

20.59

Transaction ID : SD10.7138

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.59

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Salem Radio RepresentativesNature of Debt (Purpose):
Radio Ads

Mailing Address 6400 N. Belt Line Road

City State

Zip Code

Irving

TX

75063

Outstanding Balance Beginning This Period

1100.00

Transaction ID : SD10.6753

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1120.59

2) **TOTALS** This Period (last page this line number only)..... ►

15432.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

15432.20

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 14
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00449801 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Leon-Grossman Andrea			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address PO Box 3333			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 27 / 2010 </div>	
City Manhattan Beach	State CA	Zip Code 90501	Transaction ID : SE.7146	
Purpose of Expenditure Ad production and design	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>VA</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 302.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 	

Full Name (Last, First, Middle Initial) of Payee Boutwell Studios			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 2917 Central Ave.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 18 / 2010 </div>	
City Birmingham	State AL	Zip Code 35209	Transaction ID : SE.7028	
Purpose of Expenditure Ad production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>VA</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 302.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 697.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher Korzen

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 14
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00449801 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Danville Register-Bee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address PO Box 331		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1522.80 </div>
City Danville	State VA	
Purpose of Expenditure Ad placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1825.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.7148

Full Name (Last, First, Middle Initial) of Payee Eleison Group		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 1665 North Fort Meyer; Suite 700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12000.00 </div>
City Arlington	State VA	
Purpose of Expenditure Radio ad booking and air time.	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 302.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.7023

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13522.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher Korzen

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 14
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00449801 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee Eleison Group		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2010	
Mailing Address 1665 North Fort Meyer; Suite 700		Amount 5000.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.7335
Purpose of Expenditure Ad placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 1825.57		2010 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Martinsville Bulletin		Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2010	
Mailing Address 204 Broad St.		Amount 1061.65	
City Martinsville	State VA	Zip Code 24115	Transaction ID : SE.7142
Purpose of Expenditure Newspaper ad placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 2887.22		2010 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6061.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	20281.95

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher Korzen

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 03 / 07 / 2012

Signature