

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Joshua Mercer	<i>Joshua Mercer</i>	04/15/2012

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

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)

CatholicVote.org

Full Name (Last, First, Middle Initial) of Payee Ave Maria Radio		Date MM / DD / YYYY 02 / 19 / 2012
Mailing Address PO BOX 504		Amount 4500.00 Transaction ID : F57.4165
City Ann Arbor	State MI	
Zip Code 48106	Purpose of Expenditure Radio ads	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: MI District: _____
Calendar Year-To-Date Per Election for Office Sought 4500.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Ave Maria Radio		Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address PO BOX 504		Amount 4500.00 Transaction ID : F57.4171
City Ann Arbor	State MI	
Zip Code 48106	Purpose of Expenditure radio ad	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: MI District: _____
Calendar Year-To-Date Per Election for Office Sought 34054.10		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 01 / 09 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 6500.00 Transaction ID : F57.4152
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Phone calls	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: NH District: _____
Calendar Year-To-Date Per Election for Office Sought 6500.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15500.00
(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)

CatholicVote.org

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 02 / 06 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 12000.00 Transaction ID : F57.4156
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Phone calls	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 12000.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 02 / 07 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 4005.00 Transaction ID : F57.4159
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Phone calls	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4005.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 02 / 07 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 24196.10 Transaction ID : F57.4160
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Phone calls	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 24196.10		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40201.10
(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)

CatholicVote.org

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 02 / 07 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 4197.92
City Centreville	State VA	Zip Code 20121
Purpose of Expenditure Phone calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4197.92		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 02 / 26 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 3943.00
City Centreville	State VA	Zip Code 20121
Purpose of Expenditure Phone calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8443.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 20462.40
City Centreville	State VA	Zip Code 20121
Purpose of Expenditure Phone calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 28905.40		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28603.32
(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)

CatholicVote.org

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 7333.45 Transaction ID : F57.4169
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Phone calls	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 7333.45		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 648.70 Transaction ID : F57.4170
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Phone calls	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29554.10		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Intermarkets, Inc.		Date MM / DD / YYYY 01 / 18 / 2012
Mailing Address 11911 Freedom Drive Suite 1140		Amount 5000.00 Transaction ID : F57.4143
City Reston	State VA	
Zip Code 20190	Purpose of Expenditure Advertising	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5000.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12982.15
(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)

CatholicVote.org

Full Name (Last, First, Middle Initial) of Payee KMOX		Date MM / DD / YYYY 02 / 08 / 2012
Mailing Address 1 Memorial Drive		Amount 1235.00 Transaction ID : F57.4177
City St Louis	State MO	
Zip Code 63102		
Purpose of Expenditure Radio ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1235.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Susan B. Anthony List		Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address 1707 L Street NW Suite 550		Amount 10000.00 Transaction ID : F57.4172
City Washington	State DC	
Zip Code 20036		
Purpose of Expenditure Santorum bus tour	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 44054.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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	
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) SUBTOTAL of Itemized Independent Expenditures.....	▶	11235.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	108521.57