Image# 10990673322

## **STATEMENT OF**

FORM 1	ORGANIZ (See instruct		C	iffice use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Catholic Vote.o	rg Political Action Committee			
ADDRESS (number and s	treet) PO BOX 2709			
(Check if address is changed)				
	Chicago			60690
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	brianburch@catho	icvotepac.org		
is changed)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address	www.catholicvotep	ac.org		
X is changed)				
2. DATE 05	/ D D / Y Y Y Y Y Y 14			
3. FEC IDENTIFICATION	TION NUMBER	C C00411181		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kr	nowledge and belief it is true, correc	et and complete	
Type or Print Name of <sup>-</sup>	Freasurer Brian Burch			
Signature of Treasurer	Electronically Filed by <b>Brian Bu</b>	rch	Date 05	14 / 2010
NOTE: Submission of fals	se, erroneous, or incomplete information m	ay subject the person signing this S	•	s of 2 U.S.C. §437g.
Office Use Only		For further informatic Federal Election Communication Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)

	FEC F	Form 1 (Revised 02/2009)	Page 2
5.		OMMITTEE (Check One)	
	Candidate C	Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliati	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm	nittee:	
	(d)	(National, State  This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	tion Committee (PAC):	ampaign committee. (Complete the candidate information below.)  d committee, and is NOT a principal campaign committee. (Complete the candidate  ide gight: House Senate President District  ses only one candidate, and is NOT an authorized committee.  (National, State (Or subordinate) committee of the Republican, etc.) Party.  gregated fund. (Identify connected organization on line 6.) Its connected organization is a:    Corporation w/o Capital Stock
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
		Corporation Corporation w/o Capital Stock Lal	oor Organization
		X Membership Organization Trade Association Co	operative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	ising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	· more political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2 FEC ID number C	
		3 FEC ID number C	
		EEC ID number	

FEC Form 1 (Revised 02	/2009)		Page 3
Write or Type Committee Name			
CatholicVote.org Politic	al Action Committee		
6. Name of Any Connected Org	panization, Affiliated Committee, Joint Fundrais	ing Representative, or Leade	ership PAC Sponsor
CatholicVote.org			1 1 1 1 1 1 1 1 1
	<u> </u>		<u>                                     </u>
Mailing Address	PO BOX 2709		
	Chicago		60690
	CITY	STATE <b>≜</b>	ZIP CODE
Relationship:			
X Connected Organization	Affiliated Committee Joint Fu	ndraising Representative	Leadership PAC Sponsor
possession of Committee		optional), and position of th	e person in
Full Name Joshua	Ohmann Mercer		
Mailing Address	PO BOX 2709		
	Chicago		60690
Title or Position ▼ Assistant	CITY A Treasurer	STATE  Telephone number 312	ZIP CODE 14 - 276 - 5119
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Brian Burch			
Mailing Address	PO BOX 2709		
	Chicago		60690
Title or Position ♥	CITY A	STATE &	ZIP CODE A
Treasurer	-	Telephone number	_ 201 _ 6559

FEC Form 1 (Revised	02/2009)		Page 4			
Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A			
	Teleph	one number				
Banks or Other Depositoric safety deposit boxes or main	anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents fety deposit boxes or maintains funds.					
Name of Bank, Depository, e						
Priva	ute Bank					
Mailing Address	70 W Madison St.					
	Ste 200					
	Chicago		60602			
	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕			
Name of Bank, Depository, e	etc.					
Mailing Address						