

# 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  /  /

5. COVERING PERIOD:  
 FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  60558.02

7. TOTAL INDEPENDENT EXPENDITURES .....  1000.00

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Mercer, Joshua, , ,	Mercer, Joshua, , ,	10/14/2016

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> Barger, Beth, , ,			Date of Receipt 08 / 26 / 2016 <b>Transaction ID : F56.4364</b>		
Mailing Address 281 Ahwahnee Lane			Amount of Each Receipt this Period 300.00		
City Lake Forest	State IL	Zip Code 60045	<b>Transaction ID : F56.4364</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 300.00		
Name of Employer Homemaker			Occupation Homemaker		

<b>B. Full Name (Last, First, Middle Initial)</b> Cruz, June, , ,			Date of Receipt 08 / 27 / 2016 <b>Transaction ID : F56.4369</b>		
Mailing Address 2179 Lakewood Dr			Amount of Each Receipt this Period 250.00		
City San Jose	State CA	Zip Code 95132	<b>Transaction ID : F56.4369</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer FICO			Occupation Software QA Engineer		

<b>C. Full Name (Last, First, Middle Initial)</b> Gaedcke, Cheryl, , ,			Date of Receipt 09 / 09 / 2016 <b>Transaction ID : F56.4367</b>		
Mailing Address 37105 Highview St			Amount of Each Receipt this Period 250.00		
City New Baltimore	State MI	Zip Code 48047	<b>Transaction ID : F56.4367</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer Anchor Bay Schools			Occupation Teacher		

<b>D. Full Name (Last, First, Middle Initial)</b> Gottschalk, Vincent, , ,			Date of Receipt 08 / 29 / 2016 <b>Transaction ID : F56.4371</b>		
Mailing Address 819 Westmount Ave			Amount of Each Receipt this Period 250.00		
City Dallas	State TX	Zip Code 75211	<b>Transaction ID : F56.4371</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer USPS			Occupation Clerk		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1050.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	1050.00

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ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)  
CatholicVote.org

<b>A. Full Name (Last, First, Middle Initial)</b> Mulvihill, Daniel, , ,			Date of Receipt 08 / 26 / 2016 <b>Transaction ID : F56.4357</b>		
Mailing Address PO Box 85012					
City San Diego	State CA	Zip Code 92186			
Amount of Each Receipt this Period 500.00					
FEC ID number of contributing federal political committee. C					
Name of Employer PSM		Occupation Mortgage Banker			

<b>B. Full Name (Last, First, Middle Initial)</b> Slatten, Bridget, , ,			Date of Receipt 09 / 08 / 2016 <b>Transaction ID : F56.4365</b>		
Mailing Address 1542 Granite Hills Dr Unit A					
City El Cajon	State CA	Zip Code 92019			
Amount of Each Receipt this Period 250.00					
FEC ID number of contributing federal political committee. C					
Name of Employer Retired		Occupation Retired			

<b>C. Full Name (Last, First, Middle Initial)</b> Sutton, Todd, , ,			Date of Receipt 08 / 31 / 2016 <b>Transaction ID : F56.4361</b>		
Mailing Address 3012 Windmill Canyon Drive					
City Clayton	State CA	Zip Code 94517			
Amount of Each Receipt this Period 400.00					
FEC ID number of contributing federal political committee. C					
Name of Employer Dow Chemical		Occupation Director of Operations			

<b>D. Full Name (Last, First, Middle Initial)</b> Sutton, Todd, , ,			Date of Receipt 09 / 25 / 2016 <b>Transaction ID : F56.4363</b>		
Mailing Address 3012 Windmill Canyon Drive					
City Clayton	State CA	Zip Code 94517			
Amount of Each Receipt this Period 400.00					
FEC ID number of contributing federal political committee. C					
Name of Employer Dow Chemical		Occupation Director of Operations			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1550.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	1550.00

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)  
CatholicVote.org

<b>A. Full Name (Last, First, Middle Initial)</b> Szwedyk, Peter, , ,			Date of Receipt 09 / 26 / 2016 <b>Transaction ID : F56.4359</b>		
Mailing Address 344 Central Ave					
City North Caldwell	State NJ	Zip Code 07006			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00		
Name of Employer Progressive Technology Solu			Occupation Computer Consulting		

<b>B. Full Name (Last, First, Middle Initial)</b> Unitemized, Unitemized, , ,			Date of Receipt 09 / 30 / 2016 <b>Transaction ID : F56.4373</b>		
Mailing Address PO Box 259837					
City Madison	State WI	Zip Code 53725			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 57458.02		
Name of Employer None			Occupation None		

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	57958.02
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	60558.02

**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 09 / 20 / 2016	
Mailing Address 1601 Willow Road		Amount 1000.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : F57.4328
Purpose of Expenditure Online ads	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input type="checkbox"/> Support	<input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1000.00		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 <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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) _____	

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 <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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.....	1000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	1000.00