

**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 15101

☐ Check if different than previously reported. (ACC)

Portland

ME

04112

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
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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
08 04 2014

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
04		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5"></td><td>2596.57</td></tr></table>						2596.57
Y	Y	Y	Y	Y														
2014																		
					2596.57													
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td>2596.57</td></tr></table>						2596.57											
					2596.57													
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00				
					0.00													
					0.00													
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td>2596.57</td></tr></table>						2596.57	<table><tr><td colspan="5"></td><td>2596.57</td></tr></table>						2596.57				
					2596.57													
					2596.57													
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00				
					0.00													
					0.00													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5"></td><td>2596.57</td></tr></table>						2596.57	<table><tr><td colspan="5"></td><td>2596.57</td></tr></table>						2596.57				
					2596.57													
					2596.57													
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>10492.20</td></tr></table>						10492.20											
					10492.20													



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
04 / 01 / 2014

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2014
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).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

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 Contributions (add Lines

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

Totals to Line 33, page 5) ▶

0.00

0.00

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))..... ▶

0.00

0.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

0.00

0.00

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
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)	0.00	0.00
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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
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	0.00

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

PAGE 6 OF 8

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):
Email list rental

Mailing Address 415 Michigan Ave. NE

City State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

1916.36

Transaction ID : SD10.7008

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1916.36

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

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

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

6854.35

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

PAGE 7 OF 8

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):
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

B. 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

C. 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

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

2477.85

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

PAGE 8 OF 8

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 United

Nature of Debt (Purpose):

Web hosting - 6 months

Mailing Address 415 Michigan Ave. NE

City State

Zip Code

Washington

DC

20017

Outstanding Balance Beginning This Period

60.00

Transaction ID : SD10.7343

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

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

Salem Radio Representatives

Nature 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)..... ►

1160.00

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

10492.20

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) ►

10492.20