

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 CatholicVote.org		3. FEC Identification Number C 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

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

5. COVERING PERIOD:

FROM

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

THROUGH

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

6. TOTAL CONTRIBUTIONS.....	0.00
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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Mercer, Joshua, , ,

Mercer, Joshua, , ,

10/27/2016

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-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

10 / 27 / 2016

Mailing Address 1601 Willow Road

Amount

1000.00

City State Zip Code
Menlo Park CA 94025

Transaction ID : F57.4385

Purpose of Expenditure
Facebook ads

Category/Type 004

Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CLINTON/KAINE, HILLARY RODHAM/TIMOT, , ,

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 1000.00

Disbursement For: Primary General
 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: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 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: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 1000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures..... 1000.00
(carry total from last page forward to Line 7)