

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 | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

5. COVERING PERIOD:

FROM

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

THROUGH

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

| | |
|---|---------|
| 6. TOTAL CONTRIBUTIONS..... | 0.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 8545.56 |

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, , ,

11/03/2018

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N
Transaction ID :

No contributions were received designated for these independent expenditures.

Form/Schedule:
Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CatholicVote.org

| | | | |
|---|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Shiraz Media Corporation | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2018 | |
| Mailing Address 1501 Commerce Dr | | Amount 8545.56 | |
| City Elgin | State IL | Zip Code 60123 | Transaction ID : F57.4449 |
| Purpose of Expenditure Digital online ads | Category/ Type 004 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: MN District: 00 |
| Name of Federal Candidate Supported or Opposed by Expenditure: HOUSLEY, KARIN, , , | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 8545.56 | | 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) SUBTOTAL of Itemized Independent Expenditures..... | 8545.56 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 8545.56 |