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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation CatholicVote.org	<u>'</u>		
(b) Address (number and street) check if different than p PO Box 259837	previously reported		
(c) City, State and ZIP Code		0. 550.11. 85. 8. 11. 1	
Madison WI 53725		3. FEC Identification Number	
		C C90011800	
Occupation and Name of Employer (for Individual Filers Only)		0 030011000	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No 5. COVERING PERIOD: FROM THROUGH	24-Hour Report 48-Hour Report Yes, it amends the report filed on		
6. TOTAL CONTRIBUTIONS		0.00	
7. TOTAL INDEPENDENT EXPENDITURES		5000.00	
Under penalty of perjury I certify that the independent expenditures reported he of, any candidate or authorized committee or agent of either, or any political p		tion, or concert with, or at the request or suggestion	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE [Electronically Filed]	
Mercer, Joshua, , ,	Mercer, Joshua, , ,	10/17/2016	
NOTE: Submission of false, erroneous or incomplete informati	ion may subject the person signing this repo	ort to the penalties of 2 U.S.C. §437g.	

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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AME OF FILER (In Full)			l.	
CatholicVote.org				
Full Name (Last, First, Middle Initial) of P	ayee		Date of Public	Distribution/Dissemination
Facebook			M M /	16 2016
Mailing Address 1601 Willow Road			Amount	
City	State	Zip Code		5000.00
Menlo Park	CA	94025	Transaction I	5000.00 D : F57.4377
Purpose of Expenditure Online ads		Category/ Type 004	Office Sought:	House State: NV Senate District: 00
Name of Federal Candidate Supported of HECK, JOE, , ,	Opposed by Expend	iture:	Check One:	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought		5000.00	Disbursement For: 2016 Other (spe	Primary x General
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination		
			M = M /	D D / Y Y Y Y Y
Mailing Address			Amount	
City	State	Zip Code		1 1 1 1 1 1
Purpose of Expenditure		Category/ Type	Office Sought:	House State:
Name of Federal Candidate Supported or	Opposed by Expend	iture:	Check One:	President District: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		<i>A</i>	Disbursement For: Other (spe	Primary General
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination		
			M M /	
Mailing Address				
			Amount	
City	State	Zip Code		
Purpose of Expenditure		Category/ Type	Office Sought:	House State:
Name of Federal Candidate Supported or	Opposed by Expend	iture:		President District:
			Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent E	xpenditures			5000.00
				3000.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		▶	, , , , ,
(c) TOTAL Independent Expenditures (carry total from last page forwa			···· >	5000.00