11/03/2018 23 : 36

PAGE 1/3

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		
(b) Address (number and street) check if different the PO Box 259837	an previously reported	
(c) City, State and ZIP Code Madison Occupation and Name of Employer (for Individual Filers Onle	WI 53725 ly)	3. FEC Identification Number C C90011800
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	
TOTAL CONTRIBUTIONS TOTAL INDEPENDENT EXPENDITURES		0.00
Under penalty of perjury I certify that the independent expenditures reporte of, any candidate or authorized committee or agent of either, or any politic		, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM		DATE ectronically Filed]
Mercer, Joshua, , ,	Mercer, Joshua, , ,	11/03/2018
NOTE: Submission of false, erroneous or incomplete infor	rmation may subject the person signing this report to	o the penalties of 2 U.S.C. §437g.

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DC F H Ž G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F5N Transaction ID:

No contribbtions were received designated for these independent expenditures.

Form/Schedule: Transaction ID:

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

IAME OF FILER (In Full) CatholicVote.org		
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
American Target Advertising Mailing Address 0625 Surveyor Court	11 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
9625 Surveyor Court 400	Amount	
City State Zip Code	1000.00	
Manassas VA 20110	Transaction ID : F57.4453	
Purpose of Expenditure Mailers Category/ Type 004	Office Sought: House State: IN Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: BRAUN, MIKE, , ,	President Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 24600.00	Disbursement For: Primary General 2018 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Mailing Address	M = M / D = D / Y = Y = Y	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 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	M = M / D = D / Y = Y = Y	
maining / dd/osc	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	District:	
	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		