

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>FIDELIS</b>		3. FEC Identification Number <b>C C90011800</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. BOX 2709		
(c) City, State and ZIP Code CHICAGO IL 60690		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

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

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Joshua Ohmann Mercer	<i>Joshua Ohmann Mercer</i> <i>[Electronically Filed]</i>	02/28/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report 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**

NAME OF FILER (In Full) FIDELIS	
Full Name (Last, First, Middle Initial) of Payee ccAdvertising	Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address 5900 Fort Drive Suite 302	Amount 20462.40 <b>Transaction ID : F57.000001</b>
City State Zip Code Centreville MI 20121	
Purpose of Expenditure Phone calls	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Richard J Santorum	
Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee ccAdvertising	Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address 5900 Fort Drive Suite 302	Amount 7333.45 <b>Transaction ID : F57.000002</b>
City State Zip Code Centreville VA 20121	
Purpose of Expenditure Phone calls	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Richard J Santorum	
Office Sought: <input type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee ccAdvertising	Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address 5900 Fort Drive Suite 300	Amount 648.70 <b>Transaction ID : F57.000003</b>
City State Zip Code Centreville VA 20121	
Purpose of Expenditure Phone calls	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Richard J Santorum	
Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	28444.55
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	_____
<b>(c) TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
FIDELIS

Full Name (Last, First, Middle Initial) of Payee Ave Maria Radio		Date MM / DD / YYYY 02 / 28 / 2012
Mailing Address PO BOX 504		Amount 4500.00 <b>Transaction ID : F57.000004</b>
City Ann Arbor	State MI	
Zip Code 48106		
Purpose of Expenditure Santorum for President radio ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard J Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought _____		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount _____
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 MM / DD / YYYY
Mailing Address		Amount _____
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	4500.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	_____
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	32944.55