03/04/2016 13 : 19

PAGE 1/2

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 to PO Box 2709	than previously reported	
(c) City, State and ZIP Code Chicago Occupation and Name of Employer (for Individual Filers Or)	IL 60690	3. FEC Identification Number C C90011800
4. TYPE OF REPORT (check appropriate boxe (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 THROUGH	24-Hour Report 48-Hour Report	
TOTAL CONTRIBUTIONS 7. TOTAL INDEPENDENT EXPENDITURES		0.00
Under penalty of perjury I certify that the independent expenditures report of, any candidate or authorized committee or agent of either, or any poles.		n, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM		DATE ectronically Filed]
Joshua Mercer	Joshua mercer	03/04/2016
NOTE: Submission of false, erroneous or incomplete info	formation may subject the person signing this report to	o the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)				
CatholicVote.org				
Full Name (Last, First, Middle Initial) of	Payee		Date of Pul	blic Distribution/Dissemination
Facebook			M M M 03	/ 04 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Mailing Address 1601 Willow Road			Amount	للنبا النبا ا
City	State	Zip Code		
Menlo Park	CA	94025	Transaction	1000.00
Purpose of Expenditure		Category/	Office Sought:	on ID : F57.4301 House State: FL
Ad		Type 004	Office Sought.	Senate District: 00
Name of Federal Candidate Supported DONALD J TRUMP	or Opposed by Expend	diture:	Check One:	President Support Oppose
			Dishursement Fo	
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 Pu	blic Distribution/Dissemination
			M = M	/ D D / Y Y Y Y
Mailing Address			Amount	
City	State	Zip Code	7	
Purpose of Expenditure		Category/ Type	Office Sought:	House State:
Name of Federal Candidate Supported	or Opposed by Evpent			President District:
Name of Federal Camulate Supported	or Opposed by Expend	mure.	Check One:	Support Oppose
Calendar Year-To-Date Per Election		Disbursement For	r: Primary General	
for Office Sought			Other ((specify)
Full Name (Last, First, Middle Initial) of	Pavee			blic Distribution/Dissemination
			M M	/ D D / Y Y Y Y Y
Mailing Address				حصيا لنا ا
			Amount	
City	State	Zip Code		<u> </u>
Purpose of Expenditure		Cotogony	Office Sought:	House State
rulpose of Experiance		Category/ Type	Office Sought.	Senate
Name of Federal Candidate Supported	or Opposed by Expend	diture:		District:
	, , , , , , , , , , , , , , , , , , ,		Check One:	Support Oppose
Calendar Year-To-Date Per Election	Calendar Year-To-Date Per Election		Disbursement For	r: Primary General
for Office Sough	t		Other ((specify)
a) SUBTOTAL of Itemized Independent	Expenditures			1000.00
				1000.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures			
(c) TOTAL Independent Expenditures				1000.00
(carry total from last page forw				1000.00