RES PUBLICA

November 1, 2004

To: Federal Election Commission
From: Tom Perriello
Re: Catholics for Political Responsibility FEC Form 9 Filing
Pages 1 of 5

I have completed these forms on behalf of Catholics for Political Responsibility. If there are questions or concerns about this form, please contact me at 12-300-2029 or tomperriello@yahoo.com. Thank you.

Res Publica, LLC
(212) 300-2029 47 West 75th Street, 1R, New York, NY 0023 www.therespublica.org

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name: CATHOLICS FOR POLITICAL RESPONSIBILITY

(b) Address (number and street) ☐ check if different from previously reported: P.O Box 65142

2. FEC Identification Number: C

(c) City, State and ZIP Code: Washington, DC 20035

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement ☐ New or ☒ Amended

4. Covering Period: 10 29 2004 through 11 01 2004

5. (a) Date of Public Distribution(s): 11 01 2004 (b) Communication Title: "Broken Promises, Moral Failure"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ☐ No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☐ No ☒

8. Custodian of Records

(a) Name: Thomas Carroll

(b) Address (number and street): P.O Box 65142

(c) City, State and ZIP Code: Washington, DC 20035

(d) Name of Employer or Principal Place of Business: Restructuring Assoc

(e) Occupation: Fin Consultant

9. Total Donations This Statement: $ 1,000,000

10. Total Disbursements/Obligations This Statement: $ 1,065,000

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: THOMAS PETRILLO

SIGNATURE: _____ DATE: 11/1/04

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
THOMAS CARROLL

(b) Address (number and street)
PO Box 65142

(c) City, State and ZIP Code
Washington, DC 20035

(d) Name of Employer or Principal Place of Business
RESTRUCTURING ASSOC.

(e) Occupation
BUSINESS CONSULTANT

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: People of Faith for Truth Mailing Address of Donor: 488 Beacon St #12 City: Boston State: MA Zip: 02115	Date of Receipt: 10 26 2004 Amount: 11000000	
B. Full Name of Donor: Sara Sievers Mailing Address of Donor: 488 Beacon St #12 City: Boston State: MA Zip: 02115	Date of Receipt: 10 21 2004 Amount: 350000	
C. Full Name of Donor: William M. Moore Mailing Address of Donor: 22170 Dickerson School Road City: Dickerson State: MD Zip: 20842	Date of Receipt: 10 27 2004 Amount: 1500000	
D. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:	
E. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:	

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 12850000
(carry total from last page to Line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: Strauss Radio Strategies

Mailing Address of Payee: 529 14th St, NW

City: Washington State: DC Zip Code: 20045

Name of Employer: Occupation:

Date of Disbursement or Obligation: 11 01 2004

Amount: 10,650.00

Communication Date: 11 01 2004

Purpose of Disbursement (including title(s) or communication(s)): Radio Ads: "Broken Promises" + "Moral Failure" 11/01/04

Name of Federal Candidate: George W. Bush

Office Sought: [ ] House [ ] Senate [X] President State: District:

Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 10,650.00

TOTAL This Period (last page this line number only) ▶ 10,650.00
(carry total from last page to Line 10)

24038610611

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)