

FAX COVER SHEET

TO	FEC
COMPANY	Federal Election Commission
FAXNUMBER	12022190174
FROM	Mary Haas
DATE	2016-09-22 21:35:23 GMT
RE	FEC Form 5

COVER MESSAGE

The Catholic Association

3220 N. Street, Suite 126

Washington, DC 20007

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <i>The Catholic Association</i>		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>3220 N. Street NW, Ste 126</i>		
(c) City, State and ZIP Code <i>Washington, DC 20007</i>		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☒ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on5. COVERING PERIOD: FROM *09 20 2016*THROUGH *10 04 2016*

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

20,000.00

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*Neil A Corkery**NA Corkery**9/22/2016*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

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-A
ITEMIZED RECEIPTS**

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

*The Catholic Association***A. Full Name (Last, First, Middle Initial)**

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE **3** OF **3**
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

The Catholic Association

Full Name (Last, First, Middle Initial) of Payee

FaceBook

Date of Public Distribution/Dissemination

09 20 2016

Mailing Address

1 Hacker Way

Amount

16,000.00

City

Menlo Park

State

CA

Zip Code

94025

Purpose of Expenditure

Web Advertising
Category/
Type
004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Hillary Clinton
Calendar Year-To-Date Per Election
for Office Sought
20,000.00

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Syndicate Pictures

Date of Public Distribution/Dissemination

09 20 2016

Mailing Address

17 Veterans Sq.

Amount

4,000.00

City

Media

State

PA

Zip Code

19063

Purpose of Expenditure

Web Advertising
Category/
Type
004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Hillary Clinton
Calendar Year-To-Date Per Election
for Office Sought
20,000.00

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

Via FAX

1-800-800-8000

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt

<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	

N/A PREPARER	N/A DATE PREPARED
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2013-08-23 00:00:42