

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 CatholicVote.org		3. FEC Identification Number C C90011800
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 259837		
(c) City, State and ZIP Code Madison WI 53725		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 Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:
 FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS..... 7658.00

7. TOTAL INDEPENDENT EXPENDITURES 15268.44

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
Mercer, Joshua, , ,	Mercer, Joshua, , ,	01/31/2020

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

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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)
CatholicVote.org

A. Full Name (Last, First, Middle Initial) Brentin, John, , ,			Date of Receipt																										
Mailing Address 4608 Laurel			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>12</td><td></td><td></td><td>2019</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	10			12			2019					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																		
10			12			2019																							
City State Zip Code Bellaire TX 77401			Transaction ID : F56.4469																										
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00																										
Name of Employer Retired			Occupation Retired																										

B. Full Name (Last, First, Middle Initial) Georgopulos, Michael, , ,			Date of Receipt																										
Mailing Address 4 Rainbow Court			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>12</td><td></td><td></td><td>2019</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	10			12			2019					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																		
10			12			2019																							
City State Zip Code Hilton Head Island SC 29926			Transaction ID : F56.4465																										
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00																										
Name of Employer Retired			Occupation Commodities trader																										

C. Full Name (Last, First, Middle Initial) Gonzalez, Miriam, , ,			Date of Receipt																										
Mailing Address 4839 Pine Tree Drive			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>13</td><td></td><td></td><td>2019</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	10			13			2019					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																		
10			13			2019																							
City State Zip Code Miami Beach FL 33140			Transaction ID : F56.4471																										
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00																										
Name of Employer Accountant			Occupation Self employed																										

D. Full Name (Last, First, Middle Initial) Gordon, Constance, , ,			Date of Receipt																										
Mailing Address 1001 Portugal Dr			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>13</td><td></td><td></td><td>2019</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	10			13			2019					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																		
10			13			2019																							
City State Zip Code Stafford VA 22554			Transaction ID : F56.4473																										
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00																										
Name of Employer Manager			Occupation Retired																										

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page carry total to Line 6)	▶	

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
CatholicVote.org

A. Full Name (Last, First, Middle Initial) Mitchell, Germana, , ,			Date of Receipt 10 / 14 / 2019 Transaction ID : F56.4467		
Mailing Address 10400 Strathmore Park Court Unit 303			Amount of Each Receipt this Period 300.00		
City N. Bethesda	State MD	Zip Code 20852	Transaction ID : F56.4467		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 300.00		
Name of Employer None			Occupation Homemaker		

B. Full Name (Last, First, Middle Initial) Unitemized, Unitemized, , ,			Date of Receipt 12 / 31 / 2019 Transaction ID : F56.4479		
Mailing Address PO Box 259837			Amount of Each Receipt this Period 5658.00		
City Madison	State WI	Zip Code 53725	Transaction ID : F56.4479		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5658.00		
Name of Employer None			Occupation None		

C. Full Name (Last, First, Middle Initial) Yung, Patricia, , ,			Date of Receipt 10 / 14 / 2019 Transaction ID : F56.4475		
Mailing Address 6534 Baywood Lane			Amount of Each Receipt this Period 250.00		
City Cincinnati	State OH	Zip Code 45224	Transaction ID : F56.4475		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer Retired			Occupation Retired		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	6208.00
TOTAL This Period (last page carry total to Line 6)	7458.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CatholicVote.org

Full Name (Last, First, Middle Initial) of Payee American Target Advertising		Date of Public Distribution/Dissemination 12 / 23 / 2019	
Mailing Address 9625 Surveyor Court 400		Amount 15268.44	
City Manassas	State VA	Zip Code 20110	Transaction ID : F57.4462
Purpose of Expenditure Mailers with express advocacy	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J, ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15268.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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 of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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) SUBTOTAL of Itemized Independent Expenditures.....	▶	15268.44
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	15268.44