FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name: CATHOLICS UNITED

(b) Address (number and street) ☐ check if different than previously reported: PO BOX 33524

(c) City, State and ZIP Code: WASHINGTON DC 20033

2. FEC Identification Number: C

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 07/01/2008 through 09/26/2008

5. (a) Date of Public Distribution(s) 09/19/2008 **(b) Communication Title** ACTIONS SPEAK LOUDER THAN WORDS

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐

8. Custodian of Records

(a) Name: CHRIS KORZEN

(b) Address (number and street): PO BOX 33524

(c) City, State and ZIP Code: WASHINGTON DC 20033

(d) Name of Employer or Principal Place of Business: CATHOLICS UNITED

(e) Occupation: EXECUTIVE DIRECTOR

9. Total Donations This Statement 0

10. Total Disbursements/Obligations This Statement 24,621,400

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: JAMES SALT

SIGNATURE: James Salt DATE: 9/19/08

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

FEC FORM 9 (REV. 12/2007)

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name
CHRIS KORZEN

(b) Address (number and street)
PO BOX 33524

(c) City, State and ZIP Code
WASHINGTON DC 20033

(d) Name of Employer or Principal Place of Business
CATHOLICS UNITED

(e) Occupation
EXECUTIVE DIRECTOR

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

28039834716

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt (M M / D D / Y Y Y Y)

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt (M M / D D / Y Y Y Y)

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt (M M / D D / Y Y Y Y)

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt (M M / D D / Y Y Y Y)

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt (M M / D D / Y Y Y Y)

Amount

SUBTOTAL of Donations This Page (optional) ▶ 0

TOTAL This Period (last page this line number only) ▶ 0
(carry total from last page to Line 9)

28039834717

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee
SPOT RUNNER
Mailing Address of Payee
6300 WILSHIRE BLVD. 21ST FL
City: LOS ANGELES, State: CA, Zip Code: 90048
Name of Employer: Occupation:

Date of Disbursement or Obligation: 09 / 15 / 2008
Amount: 18,000.
Communication Date: 09 / 19 / 2008

Purpose of Disbursement (including title(s) of communication(s))
MEDIA BUYING AND TARGETTING OF "ACTIONS SPEAK LOUDER THAN WORDS"

Name of Federal Candidate: JOHN McCAIN — 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
GUMSPIRITS PRODUCTIONS INC.
Mailing Address of Payee
15 BROWN ST. #207
City: PORTLAND, State: ME, Zip Code: 04101
Name of Employer: Occupation:

Date of Disbursement or Obligation: 08 / 25 / 2008
Amount: 6,261.00
Communication Date: 09 / 19 / 2008

Purpose of Disbursement (including title(s) of communication(s))
MEDIA PRODUCTION OF "ACTIONS SPEAK LOUDER THAN WORDS"

Name of Federal Candidate: JOHN McCAIN — 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) ▶ ____

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 24,261.00

TOTAL This Period (last page this line number only) ▶ 24,261.00
(carry total from last page to Line 10)

28039834718

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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☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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