RES PUBLICA

October 29, 2004

To: Federal Election Commission
From: Tom Perriello
Res Publica
Re: FEC Form 9
Page 1 of 5

I have completed these forms on behalf of Catholics for Political Responsibility. If there are questions or concerns about his form, please contact me at 212-309-2029 or tomperriello@yahoo.com. Thank you.

Res Publica, LLC
(212) 309-2029 47 West 75th Street, 1R New York, NY 10023 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 than previously reported: P.O. Box 65142

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C

3. Is This Statement ☐ New or ☒ Amended

4. Covering Period: 10 27 2004 through 10 29 2004

5. (a) Date of Public Distribution(s): 10 28 2004 (b) Communication Title: "Broken Promises" "Moral Failure" "Conscience"

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: BUS CONSULTANT

9. Total Donations This Statement: [illegible]

10. Total Disbursements/Obligations This Statement: 20,000.00

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 PERRIELLO

SIGNATURE: [signature] DATE: 10/29/04

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

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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

PAGE OF

A. Full Name of Donor: PEOPLE OF FAITH FOR TRUTH (Ur...)	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:	Mailing Address of Donor:	City: State: Zip:
Date of Receipt:	Amount:	
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) ▶ 11350000

TOTAL This Period (last page this line number only) ▶ 11350000
(carry total from last page to Line 8)

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

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee: STRAUSS RADIO STRATEGIES, INC

Mailing Address of Payee: 529 14th Street, NW

City: Washington State: DC Zip Code: 20045

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 28 2004

Amount: 2000000

Communication Date: 10 28 2004

Purpose of Disbursement (including title(s) of communication(s)): Radio Ads: "Broken Promises" "Moral Failure" "Conscience" 10/28/04

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) ▶ 2000000

TOTAL This Period (last page this line number only) ▶ 2000000
(carry total from last page to Line 10)

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Federal Election Commission

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N/A PREPARER	N/A DATE PREPARED

(5/2004)