

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MATTHEW 25 NETWORK

ADDRESS (number and street)

PO BOX 33995

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20033

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00449801

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 0

1 4

2 0 1 0

through

1 1

2 2

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christopher Korzen

Signature of Treasurer

Electronically Filed by Christopher Korzen

Date

1 2

0 2

2 0 1 0

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
MATTHEW 25 NETWORK

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	0.00
(b) Cash on Hand at Beginning of Reporting Period	9243.52	
(c) Total Receipts (from Line 19)	109735.00	119675.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118978.52	119675.00
7. Total Disbursements (from Line 31)	20281.95	20978.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	98696.57	98696.57
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	15432.20	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

MATTHEW 25 NETWORK

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1750.00	6800.00
(ii) Unitemized	2985.00	7875.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4735.00	14675.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	105000.00	105000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	109735.00	119675.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	109735.00	119675.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	109735.00	119675.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	393.71	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	393.71	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	20281.95	20584.72	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20281.95	20978.43	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20281.95	20978.43	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	109735.00	119675.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109735.00	119675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	393.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	393.71

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Michael Booth

Mailing Address 143 W. Lanvale St

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Constellation Energy

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7286

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael D. McCurry

Mailing Address 10313 Fawcett St.

City

State

Zip Code

Kensington

MD

20895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Public Strategies Washing-
ton

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7029

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas Ward

Mailing Address 218 Chestnut Ave.

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auctive, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7302

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00002089

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11C.7032

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

Mailing Address 905 16TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11C.7334

Amount of Each Receipt this Period

100000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

105000.00

TOTAL This Period (last page this line number only)

105000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 / 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Suzette CaldwellNature of Debt (Purpose):
Newspaper Advertisement

Mailing Address PO Box 130876

City State ZIP Code
Spring TX 77393

Outstanding Balance Beginning This Period

4931.64

Transaction ID: SD10.4515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4931.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics UnitedNature of Debt (Purpose):
Reimbursement for Legal
Services

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

585.00

Transaction ID: SD10.7012

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

585.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics UnitedNature of Debt (Purpose):
Staff Time

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

4132.99

Transaction ID: SD10.7004

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4132.99

1) SUBTOTALS This Period This Page (optional).....

9649.63

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 / 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics United

Nature of Debt (Purpose):
Rent

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

92.69

Transaction ID: SD10.7006

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics United

Nature of Debt (Purpose):
Web and email hosting

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

51.48

Transaction ID: SD10.7007

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

51.48

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics United

Nature of Debt (Purpose):
Email list rental

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

2054.20

Transaction ID: SD10.7008

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2054.20

1) **SUBTOTALS** This Period This Page (optional).....

2198.37

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 / 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics UnitedNature of Debt (Purpose):
Email list rental

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

6.35

Transaction ID: SD10.7139

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics UnitedNature of Debt (Purpose):
Staff time

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

2354.84

Transaction ID: SD10.7136

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2354.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics UnitedNature of Debt (Purpose):
Rent

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

102.42

Transaction ID: SD10.7137

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

102.42

1) SUBTOTALS This Period This Page (optional).....

2463.61

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catholics UnitedNature of Debt (Purpose):
Email and web hosting

Mailing Address 415 Michigan Ave. NE

City State ZIP Code
Washington DC 20017

Outstanding Balance Beginning This Period

20.59

Transaction ID: SD10.7138

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.59

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Salem Radio RepresentativesNature of Debt (Purpose):
Radio Ads

Mailing Address 6400 N. Belt Line Road

City State ZIP Code
Irving TX 75063

Outstanding Balance Beginning This Period

1100.00

Transaction ID: SD10.6753

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1100.00

1) **SUBTOTALS** This Period This Page (optional).....

1120.59

2) **TOTALS** This Period (last page this line number only).....

15432.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

15432.20

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Leon-Grossman Andrea		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 3333		Amount 250.00	
City State Zip Code Manhattan Beach CA 90501		Transaction ID: SE.7146	
Purpose of Expenditure Ad production and design		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 302.77		2010	
Full Name (Last, First, Middle, Initial) of Payee Boutwell Studios		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 2917 Central Ave.		Amount 447.50	
City State Zip Code Birmingham AL 35209		Transaction ID: SE.7028	
Purpose of Expenditure Ad production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 302.77		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		697.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
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 (if the reporting entity is not a political party committee) any political party committee or its agent.			
Christopher Korzen Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Danville Register-Bee		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 331		Amount 1522.80	
City State Zip Code Danville VA 24543		Transaction ID: SE.7148	
Purpose of Expenditure Ad placement		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
1825.57			
Full Name (Last, First, Middle, Initial) of Payee Eleison Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 1665 North Fort Meyer; Suite 700		Amount 12000.00	
City State Zip Code Arlington VA 22209		Transaction ID: SE.7023	
Purpose of Expenditure Radio ad booking and air time.		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
302.77			
(a) SUBTOTAL of Itemized Independent Expenditures		13522.80	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
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 (if the reporting entity is not a political party committee) any political party committee or its agent.			
Christopher Korzen Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER ▼ C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eleison Group		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1665 North Fort Meyer; Suite 700		Amount 5000.00	
City State Zip Code Arlington VA 22209		Transaction ID: SE.7335	
Purpose of Expenditure Ad placement		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1825.57		2010	
Full Name (Last, First, Middle, Initial) of Payee Martinsville Bulletin		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0	
Mailing Address 204 Broad St.		Amount 1061.65	
City State Zip Code Martinsville VA 24115		Transaction ID: SE.7142	
Purpose of Expenditure Newspaper ad placeme- nt		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2887.22		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		6061.65	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		20281.95	
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 (if the reporting entity is not a political party committee) any political party committee or its agent.			
Christopher Korzen Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	