

# 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

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation \_\_\_\_\_

### 2. FEC Identification Number

030001184

3. Is This Statement  New or  Amended

4. Covering Period 10/29/2010 through 11/01/2010

5. (a) Date of Public Distribution(s) 10/31/2010 (b) Communication Title STOP THE LIES

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 CHRISTOPHER KORZEN

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

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

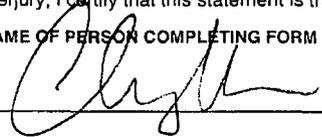
(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation \_\_\_\_\_

9. Total Donations This Statement 5,557.32

10. Total Disbursements/Obligations This Statement 5,557.32

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM CHRISTOPHER G. KORZEN

SIGNATURE  DATE 11/1/2010

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

1 1 / E P x e r s o s i ( ns g

|          |   |
|----------|---|
| <b>A</b> | (a) Name.<br>CHRISTOPHER KARDEN   |
|          | (b) Address (number and street)<br>PO Box 33524                         |
|          | (c) City, State and ZIP Code<br>WASHINGTON DC 20033                     |
|          | (d) Name of Employer or Principal Place of Business<br>CATHOLICS UNITED |
|          | (e) Occupation<br>EXECUTIVE DIR   |
| <b>B</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  |
| <b>C</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  |
| <b>D</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  |
| <b>E</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  |

|  |   |
|--|---|
| <p><b>A</b> Full Name of Donor<br/> <u>AFSCME</u><br/> Mailing Address of Donor<br/> <u>1625 L ST NW</u><br/> City State Zip<br/> <u>WASHINGTON DC 20036</u></p> | <p>Date of Receipt<br/> <u>11 01 2010</u><br/> Amount<br/> <u>5557.32</u></p> |
| <p><b>B</b> Full Name of Donor<br/> Mailing Address of Donor<br/> City State Zip</p>   | <p>Date of Receipt<br/> Amount</p>  |
| <p><b>C</b> Full Name of Donor<br/> Mailing Address of Donor<br/> City State Zip</p>   | <p>Date of Receipt<br/> Amount</p>  |
| <p><b>D</b> Full Name of Donor<br/> Mailing Address of Donor<br/> City State Zip</p>   | <p>Date of Receipt<br/> Amount</p>  |
| <p><b>E</b> Full Name of Donor<br/> Mailing Address of Donor<br/> City State Zip</p>   | <p>Date of Receipt<br/> Amount</p>  |

|  |                               |
|--|-------------------------------|
| <p>S U B e (optional) ..... O ..... T ..... A ▶</p>  | <p><u>5557.32</u> 218 Pag</p> |
| <p>T O This line number only) ..... L ..... This Period (last page<br/> (carry total from last page to Line 9)</p> | <p><u>5557.32</u></p>         |

**A** Full Name (Last, First, Middle Initial) of Payee  
 TIMES PUBLISHING CO  
 Mailing Address of Payee  
 205 WEST 12TH ST  
 City State Zip Code  
 Erie PA 16534  
 Name of Employer Occupation

Date of Disbursement or Obligation  
 10/29/2010  
 Amount  
 5557.32  
 Communication Date  
 10/31/2010

Purpose of Disbursement (Including title(s) of communication(s))  
 NEWSPAPER AD DESIGN AND PLACEMENT "STOP THE LIES"

Name of Federal Candidate Office Sought:  House State: PA Disbursement/Obligation For:  
 Senate District: 03  Primary  General  
 President  Other (specify) \_\_\_\_\_

Name of Federal Candidate Office Sought:  House State: \_\_\_\_\_ Disbursement/Obligation For:  
 Senate District: \_\_\_\_\_  Primary  General  
 President  Other (specify) \_\_\_\_\_

Name of Federal Candidate Office Sought:  House State: \_\_\_\_\_ Disbursement/Obligation For:  
 Senate District: \_\_\_\_\_  Primary  General  
 President  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 State: \_\_\_\_\_ Disbursement/Obligation For:  
 Senate District: \_\_\_\_\_  Primary  General  
 President  Other (specify) \_\_\_\_\_

Name of Federal Candidate Office Sought:  House State: \_\_\_\_\_ Disbursement/Obligation For:  
 Senate District: \_\_\_\_\_  Primary  General  
 President  Other (specify) \_\_\_\_\_

Name of Federal Candidate Office Sought:  House State: \_\_\_\_\_ Disbursement/Obligation For:  
 Senate District: \_\_\_\_\_  Primary  General  
 President  Other (specify) \_\_\_\_\_

S U B T O T A L Disbursements/Obligations at this Page (optional) ..... 5557.32  
 T O T A L Disbursements/Obligations at this Page (carry total from last page to Line 10) ..... 5557.32

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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| <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   |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |  |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked   |
| <input type="checkbox"/> Postmark Illegible                                      |  |
| <input type="checkbox"/> No Postmark   |  |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                                      |
| Next Business Day Delivery <input type="checkbox"/>                              |  |
| <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): <i>E-Mail</i>               | Date of Receipt or Postmarked<br><i>11/01/2010</i> |

*JH*  
 PREPARER

*11/02/2010*  
 DATE PREPARED