

RECEIVED
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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Missouri-Montana Fund

ADDRESS (number and street)

709A 8th St SE

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00509125

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 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 / 01 / 2012

through

M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

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 Judith Zamore

Signature of Treasurer

Judith Zamore

Date

M M / D D / Y Y Y Y Y Y
07 / 07 / 2012

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 3
(Revised 02/2003)

12020432021

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name
Missouri-Montana Fund

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	-	Y	Y
0	4		0	1		2	0	1	2	

 To:

M	M	/	D	D	/	Y	Y	-	Y	Y
0	6		3	0		2	0	1	2	

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3250.00	134310.00
(b) Total Contribution Refunds (from Line 20(d))	500.00	5300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2750.00	129010.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2585.93	16541.83
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2585.93	16541.83
8. Cash on Hand at Close of Reporting Period (from Line 27)	68.17	
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)	0.00	

For further information contact:

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

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

12020432022

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

Missouri-Montana Fund

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2012

To:

MM / DD / YYYY
06 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3250.00	123910.00
(ii) Unitemized.....	0.00	400.00
(iii) TOTAL of contributions from individuals ▶	3250.00	124310.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3250.00	134310.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3250.00	134310.00

12020432023

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2585.93	16541.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	3500.00	112400.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	5300.00
(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 20(a), (b), and (c)).....	500.00	5300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6585.93	134241.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3404.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3250.00
25. SUBTOTAL (add Line 23 and Line 24).....	6654.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6585.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	68.17

12020432024

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Missouri-Montana Fund

A. Full Name (Last, First, Middle Initial)
John Jakobson

Mailing Address 830 Park Ave

City	State	Zip Code
New York	NY	10021

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Investor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2012

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
1000.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
James Sturdevant

Mailing Address 185 El Corrito Ave

City	State	Zip Code
San Rafael	CA	94901

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2012

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
Deborah Wais

Mailing Address 4943 S Woodlawn Ave

City	State	Zip Code
Chicago	IL	60615

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Not Employed	Not Employed

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2012

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
1000.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

12020432025

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

A.

Full Name (Last, First, Middle Initial)
Marshall Wais

Mailing Address **4943 S Woodlawn Ave**

City **Chicago** State **IL** Zip Code **60615**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Not Employed** Occupation **Not Employed**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
04 / 04 / 2012

Transaction ID : **SA11AL4312**

Amount of Each Receipt this Period
1000.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

3250.00

12020432026

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City	State	Zip Code
CAMBRIDGE	MA	02238

FEC ID number of contributing federal political committee. **C00401224**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 04 / 04 / 2012

Transaction ID : SA11C.4302

Amount of Each Receipt this Period
 3000.00

Contribution earmarked through ActBlue; not a contribution
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City	State	Zip Code
CAMBRIDGE	MA	02238

FEC ID number of contributing federal political committee. **C00401224**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 06 / 13 / 2012

Transaction ID : SA11C.4303

Amount of Each Receipt this Period
 250.00

Contribution earmarked through ActBlue; not a contribution
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

0.00

12020432027

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M	D D	Y Y Y Y
04	04	2012

City State Zip Code
Cambridge MA 02138

Amount of Each Disbursement this Period

118.50

Purpose of Disbursement
Credit Card Processing Fee

Transaction ID : SB17.4313

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M	D D	Y Y Y Y
06	10	2012

City State Zip Code
Cambridge MA 02138

Amount of Each Disbursement this Period

9.88

Purpose of Disbursement
Credit Card Processing Fee

Transaction ID : SB17.4304

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Capitol Compliance Associates

Mailing Address PO Box 15293

Date of Disbursement

M M	D D	Y Y Y Y
04	03	2012

City State Zip Code
Washington DC 20003

Amount of Each Disbursement this Period

2457.55

Purpose of Disbursement
Compliance & Accounting Services

Transaction ID : SB17.4308

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

2585.93

TOTAL This Period (last page this line number only).....

2585.93

12020432028

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

A. MCCASKILL FOR MISSOURI 2012

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address **700 13TH STREET NW
SUITE 600**

M M	D D	Y Y Y Y
06	27	2012

City **WASHINGTON** State **DC** Zip Code **20005**

Amount of Each Disbursement this Period

Purpose of Disbursement
Transfer

1750.00

Candidate Name
CLAIRE MCCASKILL

Category/
Type

Transaction ID : **SB18.4305**

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: **MO** District: **00**

B. MONTANANS FOR TESTER

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address **PO BOX 1135**

M M	D D	Y Y Y Y
06	27	2012

City **HELENA** State **MT** Zip Code **59624**

Amount of Each Disbursement this Period

Purpose of Disbursement
Transfer

1750.00

Candidate Name
JON TESTER

Category/
Type

Transaction ID : **SB18.4306**

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: **MT** District: **00**

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M	D D	Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

3500.00

TOTAL This Period (last page this line number only).....

3500.00

12020432029

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

Full Name (Last, First, Middle Initial) A. Robert Byrne Jr.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address 38 Deerfield St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4307
City Milton	State MA Zip Code 02186	
Purpose of Disbursement Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

12020432030

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 07-10-12
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

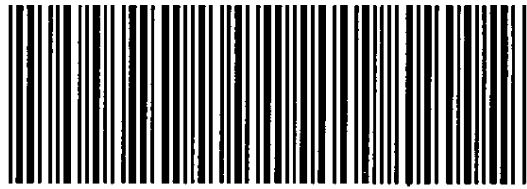
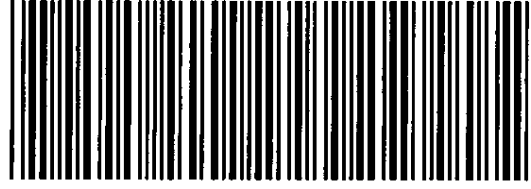
POSTMARK ILLEGIBLE ; NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-10-12

12020432031



12020432032