

1/9/2013 - Amended

ID# - C90014358

Attn: Jill Sugarman

FR: Jan Bradley *jan@montanafamily.org*

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

2013 JAN 16 AM 8:02

FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation <i>Montana Family Foundation</i>		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>P.O. Box 485 (406) 628-1141</i>		
(c) City, State and ZIP Code <i>Laurel, MT 59044</i>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year-End Report

24-Hour Report

48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

10-1-12

THROUGH

6. TOTAL CONTRIBUTIONS *0*

7. TOTAL INDEPENDENT EXPENDITURES *\$4000*

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 any political party committee or its agent. In addition, (if the independent expenditures 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

SIGNATURE

DATE

Jeff A. Caszloffy

Jeff A. Caszloffy

11-2-12

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

13031004394

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE OF

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 FILER (In Full)
Montana Family Foundation

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

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

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

Name of Employer Occupation

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

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

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

Name of Employer Occupation

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

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

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

Name of Employer Occupation

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

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

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

Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶

[Handwritten mark]

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Montana Family Foundation

Full Name (Last, First, Middle Initial) of Payee

CC Advertising

Date *4-1-12*

Mailing Address

13800 Coppermine Rd.

Amount *\$2000*

City

Herndon Va

State

Zip Code

20171

Purpose of Expenditure

phone calls

Category/
Type

Office Sought:

House

State: *MT*

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Support Dennis Rehberg

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

\$2000

Disbursement For:

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

CC Advertising

Date *11-1-12*

Mailing Address

1380 Coppermine Rd

Amount

\$2000

City

Herndon Va

State

Zip Code

20171

Purpose of Expenditure

phone calls

Category/
Type

Office Sought:

House

State: *MT*

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

STEVE DAINES

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

\$2000

Disbursement For:

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

House

State: _____

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

\$4000

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

\$4000

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1/11/13
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<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

1/16/13
 DATE PREPARED

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