

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation <i>Montana Family Foundation</i>		2012 NOV 26 AM 11:18 FEC MAIL CENTER
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>P.O. Box 485</i>		
(c) City, State and ZIP Code <i>Laurel, MT 59044</i>		3. FEC Identification Number C
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input 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 ' 31 ' 20 12

THROUGH

11 ' 06 ' 20 12

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

4,578.06

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 Laszloffy

Jeff Laszloffy 11/20/12

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

12030954453

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 2 OF 4

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)			Date of Receipt
Mailing Address			/ /
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	
B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			/ /
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	
C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			/ /
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	
D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			/ /
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)

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

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Montana Family Foundation

12030954455

Full Name (Last, First, Middle Initial) of Payee <i>CC Advertising</i>		Date <i>11/1 - 5/2012</i>
Mailing Address <i>5900 Fort Dr., Ste 302</i>		Amount <i>\$ 2,000</i>
City <i>Centreville</i>	State <i>VA</i>	Zip Code <i>20121</i>
Purpose of Expenditure <i>Phone calls</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MT</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Support Dennis Rehberg</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>\$2,000</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>CC Advertising</i>		Date <i>11/1 - 5/2012</i>
Mailing Address <i>5900 Fort Dr., Ste 302</i>		Amount <i>\$ 2,000</i>
City <i>Centreville</i>	State <i>VA</i>	Zip Code <i>20121</i>
Purpose of Expenditure <i>Phone calls</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MT</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Support Steve Daines</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>\$2,000</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Angler, LLC</i>		Date <i>10/31 - 11/2</i>
Mailing Address <i>1100 G Street NW, Ste 805</i>		Amount <i>\$139.96</i>
City <i>Washington</i>	State <i>DC</i>	Zip Code <i>20005</i>
Purpose of Expenditure <i>Phone calls</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MT</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Support Dennis Rehberg</i>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>\$2,139.96</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶			
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶			

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Montana Family Foundation

Full Name (Last, First, Middle Initial) of Payee <i>Angler LLC</i>		Date <i>10/31-11/2</i>
Mailing Address <i>1100 G Street NW, Ste 805</i>		Amount <i>\$139.96</i>
City <i>Washington</i>	State <i>DC</i>	
Zip Code <i>20005</i>		
Purpose of Expenditure <i>Phone calls</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>MT</i> <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Support Steve Daines</i>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>\$2,139.96</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Angler LLC</i>		Date <i>11/3-11/6</i>
Mailing Address <i>1100 G Street NW, Ste 805</i>		Amount <i>\$149.07</i>
City <i>Washington</i>	State <i>DC</i>	
Zip Code <i>20005</i>		
Purpose of Expenditure <i>Phone calls</i>	Category/Type	Office Sought: <input type="checkbox"/> House State: <i>MT</i> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Support Dennis Rehberg</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>\$2,289.03</i>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Angler LLC</i>		Date <i>11/3-11/6</i>
Mailing Address <i>1100 G Street NW, Ste 805</i>		Amount <i>\$149.07</i>
City <i>Washington</i>	State <i>DC</i>	
Zip Code <i>20005</i>		
Purpose of Expenditure <i>Phone calls</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>MT</i> <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Support Steve Daines</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>\$2,289.03</i>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<i>4,578.06</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	<i>4,578.06</i>

12030954456

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 type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>11/20/12</i>
<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

JMP
 PREPARER

11/26/12
 DATE PREPARED

12030954457