

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

12 OCT 11 AM 11:58

Office Use Only

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

C00509125

3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] 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 MM/DD/YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY

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

MM/DD/YYYY 10/11/2012

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)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 24

Write or Type Committee Name
Missouri-Montana Fund

Report Covering the Period: From:

M	M
07	

 /

D	D
01	

 /

Y	Y	Y	Y
20	12		

 To:

M	M
09	

 /

D	D
30	

 /

Y	Y	Y	Y
20	12		

	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))	63875.00	198185.00
(b) Total Contribution Refunds (from Line 20(d))	900.00	6200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	62975.00	191985.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5989.34	22531.17
(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))	5989.34	22531.17
8. Cash on Hand at Close of Reporting Period (from Line 27)	353.83	
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

12020712519

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 24

Write or Type Committee Name
Missouri-Montana Fund

Report Covering the Period: From:

M	M
07	

 /

D	D
01	

 /

Y	Y	Y	Y	Y	Y
2	0	1	2	3	4

 2012 To:

M	M
09	

 /

D	D
30	

 /

Y	Y	Y	Y	Y	Y
2	0	1	2	3	4

 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).....	54250.00	178160.00
(ii) Unitemized.....	2375.00	2775.00
(iii) TOTAL of contributions from individuals ▶	56625.00	180935.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7250.00	17250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	63875.00	198185.00
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)..... ▶	63875.00	198185.00

12020712520

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5989.34	22531.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	56700.00	169100.00
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	900.00	6200.00
(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)).....	900.00	6200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	63589.34	197831.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	68.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	63875.00
25. SUBTOTAL (add Line 23 and Line 24).....	63943.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63589.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	353.83

12020712521

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

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

FOR LINE NUMBER: PAGE 5 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Luke Albee

Mailing Address **3131 Rittenhouse St NW**

City **Washington** State **DC** Zip Code **20015**

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

Name of Employer **Sen. Mark Warner** Occupation **Chief of Staff**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
07 / 13 / 2012

Transaction ID : **SA11AI.4338**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carmella A. Bocchino

Mailing Address **820 S Fairfax St**

City **Alexandria** State **VA** Zip Code **22314**

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

Name of Employer **AAHP** Occupation **Vice President**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
07 / 13 / 2012

Transaction ID : **SA11AI.4340**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Paul S. Bock

Mailing Address **4319 Alton Pl NW**

City **Washington** State **DC** Zip Code **20016**

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

Name of Employer **Capitol Hill Strategies** Occupation **Consultant**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
07 / 20 / 2012

Transaction ID : **SA11AI.4348**

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).....

2500.00

12020712522

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)
Jeffrey Bollman

Mailing Address 1506 N Hartford St

City Arlington	State VA	Zip Code 22201
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FEC ID number of contributing federal political committee. **C**

Name of Employer Microsoft	Occupation Sales
-------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

MM	DD	YYYY
07	20	2012

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period
250.00
Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
Frank M. Conner III

Mailing Address 412 Prince St

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer DLA Piper LLP	Occupation Attorney
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

MM	DD	YYYY
07	13	2012

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
1000.00

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

Mailing Address 12451 Highland Rd

City Baton Rouge	State LA	Zip Code 70810
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FEC ID number of contributing federal political committee. **C**

Name of Employer Courson Nickel	Occupation Government Relations
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

MM	DD	YYYY
08	29	2012

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period
500.00

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

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

1750.00

12020712522

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

<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

Full Name (Last, First, Middle Initial) A. Thomas Depasquale		Date of Receipt MM / DD / YYYY 07 / 30 / 2012	
Mailing Address 201 N Union St Suite 300		Transaction ID : SA11AI.4350	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Occupation Dyson Capital Advisors	
Name of Employer Dyson Capital Advisors		Election Cycle-to-Date 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Raul J. Fernandez		Date of Receipt MM / DD / YYYY 07 / 13 / 2012	
Mailing Address 2401 Pennsylvania Ave NW Suite 480		Transaction ID : SA11AI.4330	
City Washington	State DC	Zip Code 20037	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Occupation Chairman Emeritus	
Name of Employer Dimension Data		Election Cycle-to-Date 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Martin Frost		Date of Receipt MM / DD / YYYY 07 / 13 / 2012	
Mailing Address 1152 15th St NW Suite 800		Transaction ID : SA11AI.4336	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Occupation Public Policy	
Name of Employer Polsinelli Shughart		Election Cycle-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

12020712529

**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 8 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

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

Mailing Address 1447 S 1000 E

City	State	Zip Code
Salt Lake City	UT	84105

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

Name of Employer	Occupation
Best Buy	Sales

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
09 / 07 / 2012

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period
2300.00

Earmarked through ActBlue

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

Mailing Address 1785 Michigan Ave

City	State	Zip Code
Salt Lake City	UT	84108

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

Name of Employer	Occupation
MWSBF	Finance

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
08 / 29 / 2012

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Eric M. Kamerath

Mailing Address 297 E Summermeadow Cr

City	State	Zip Code
Bountiful	UT	84010

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
5000.00

Date of Receipt
08 / 29 / 2012

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period
5000.00

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

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

8800.00

12020712525

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

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

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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

Full Name (Last, First, Middle Initial) A. Kristin C. Kamerath		Date of Receipt MM / DD / YYYY 08 / 29 / 2012	
Mailing Address 297 E Summermeadow Cr		Transaction ID : SA11AI.4364	
City Bountiful	State UT	Zip Code 84010	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Not Employed	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) B. Matthew B. Koll		Date of Receipt MM / DD / YYYY 07 / 31 / 2012	
Mailing Address 6912 Nevis Rd		Transaction ID : SA11AI.4356	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Internet Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

Full Name (Last, First, Middle Initial) C. Barry R. Lipman		Date of Receipt MM / DD / YYYY 08 / 22 / 2012	
Mailing Address 3320 Jackson St		Transaction ID : SA11AI.4358	
City San Francisco	State CA	Zip Code 94118	Amount of Each Receipt this Period 5000.00 Earmarked through ActBlue
FEC ID number of contributing federal political committee. C			
Name of Employer Goldfarb Lipman	Occupation Condominium Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

SUBTOTAL of Receipts This Page (optional).....	14000.00
TOTAL This Period (last page this line number only).....	

12020712526

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

A. Full Name (Last, First, Middle Initial)
Glen David Mason

Mailing Address **2625 N Pocomoke St**

City **Arlington** State **VA** Zip Code **22207**

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

Name of Employer **Mason Consulting LLC** Occupation **Principal**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
07 / 13 / 2012

Transaction ID : **SA11AI.4334**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Donna C. McLarty

Mailing Address **1824 24th St NW**

City **Washington** State **DC** Zip Code **20008**

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
500.00

Date of Receipt
07 / 13 / 2012

Transaction ID : **SA11AI.4320**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thomas F. McLarty III

Mailing Address **1824 24th St NW**

City **Washington** State **DC** Zip Code **20008**

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

Name of Employer **The McLarty Companies** Occupation **President & CEO**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
07 / 13 / 2012

Transaction ID : **SA11AI.4318**

Amount of Each Receipt this Period
500.00

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

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

2000.00

12020712527

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 11 OF 24

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

A. Full Name (Last, First, Middle Initial)
C. Thomas McMiller

Mailing Address **1103 S Carolina Ave SE**

City Washington	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homeland Security Capitol Corp	Occupation CEO
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Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
07 / 20 / 2012

Transaction ID : **SA11AI.4346**

Amount of Each Receipt this Period
1000.00

Earmarked through ActBlue

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

Mailing Address **308 Cornell**

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

Name of Employer Courson Nickel	Occupation Government Relations
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Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
08 / 29 / 2012

Transaction ID : **SA11AI.4406**

Amount of Each Receipt this Period
500.00

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

Mailing Address **1601 Arlington Dr**

City Salt Lake City	State UT	Zip Code 84103
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FEC ID number of contributing federal political committee. **C**

Name of Employer Evolutionary Health	Occupation Physician
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Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
09 / 07 / 2012

Transaction ID : **SA11AI.4418**

Amount of Each Receipt this Period
500.00

Earmarked through ActBlue

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

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

2000.00

12020712528

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

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

FOR LINE NUMBER: PAGE 12 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

A. Full Name (Last, First, Middle Initial)
Robert S. Smith

Mailing Address 4949 Sherier PI NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Self Business Advisor

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2012

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period
2000.00

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

Mailing Address 2685 E Grandview Dr

City State Zip Code
Sandy UT 84092

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

Name of Employer Occupation
Not Employed Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2012

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period
400.00

Earmarked through ActBlue

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

Mailing Address 5322 S Lucky Clover Ln

City State Zip Code
Murray UT 84123

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

Name of Employer Occupation
Vigilant Communications Utah Government Relations

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2012

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period
5000.00

Earmarked through ActBlue

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

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

7400.00

12020712529

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 13 OF 24

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

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

Mailing Address 5322 S Lucky Ln

City Murray	State UT	Zip Code 84123
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Homemaker
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	D D	Y Y Y Y
09	07	2012

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period

Earmarked through ActBlue

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

Mailing Address 2736 S Lake St

City Salt Lake City	State UT	Zip Code 84106
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Best Buy	Occupation Retail Sales Manager
------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	D D	Y Y Y Y
09	07	2012

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period

Earmarked through ActBlue

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	D D	Y Y Y Y

Amount of Each Receipt this Period

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

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

12020712530

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

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

FOR LINE NUMBER: PAGE 14 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
ACTBLUE

Mailing Address P.O. BOX 382110

City	State	Zip Code
CAMBRIDGE	MA	02238

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
 07 / 20 / 2012

Transaction ID : SA11C.4434

Amount of Each Receipt this Period
 2250.00

Contributions 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. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 08 / 22 / 2012

Transaction ID : SA11C.4433

Amount of Each Receipt this Period
 5000.00

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

C. 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. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 09 / 07 / 2012

Transaction ID : SA11C.4432

Amount of Each Receipt this Period
 10900.00

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

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

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

0.00

12020712531

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

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

FOR LINE NUMBER: PAGE 15 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

Full Name (Last, First, Middle Initial)

A. ACTBLUE
Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

M M M / D D D / Y Y Y Y Y Y Y Y
09 / 13 / 2012

Transaction ID : SA11C.4431

Amount of Each Receipt this Period

5000.00

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

Full Name (Last, First, Middle Initial)

B. Alston & Bird PAC
Mailing Address 950 F St NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11C.4332

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. American Association of Nurse Anesthetists (CRNA PAC)
Mailing Address 25 Massachusetts Ave NW
Suite 550

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y Y Y
07 / 11 / 2012

Transaction ID : SA11C.4316

Amount of Each Receipt this Period

1000.00

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

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

2000.00

12020712532

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)
Bingham McCutcheon LLP PAC

Mailing Address **2020 K St NW**

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 13 / 2012

Transaction ID : **SA11C.4326**

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Fleishman Hillard PAC

Mailing Address **200 N Broadway**

City	State	Zip Code
St. Louis	MO	63102

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2012

Transaction ID : **SA11C.4354**

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Saslaw for State Senate

Mailing Address **PO Box 1254**

City	State	Zip Code
Springfield	VA	22151

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 13 / 2012

Transaction ID : **SA11C.4324**

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

12029712532

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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

Full Name (Last, First, Middle Initial) A. Universal Music Group PAC		Date of Receipt MM / DD / YYYY 08 / 29 / 2012	
Mailing Address PO Box 560519		Transaction ID : SA11C.4360	
City Charlotte	State NC	Zip Code 28256	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Williams Mullen PAC		Date of Receipt MM / DD / YYYY 07 / 30 / 2012	
Mailing Address 1666 K St NW Ste 1200		Transaction ID : SA11C.4352	
City Washington	State DC	Zip Code 20006	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	7000.00

12020712534

**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 Y Y
07 / 15 / 2012

City State Zip Code
Cambridge MA 02138

Amount of Each Disbursement this Period

88.88

Purpose of Disbursement
Credit Card Processing Fees

Category/ Type

Transaction ID : SB17.4438

Candidate Name

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

State: District:

B. ActBlue Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 19 / 2012

City State Zip Code
Cambridge MA 02138

Amount of Each Disbursement this Period

197.50

Purpose of Disbursement
Credit Card Processing Fees

Category/ Type

Transaction ID : SB17.4440

Candidate Name

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

State: District:

C. ActBlue Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 03 / 2012

City State Zip Code
Cambridge MA 02138

Amount of Each Disbursement this Period

430.55

Purpose of Disbursement
Credit Card Processing Fees

Category/ Type

Transaction ID : SB17.4443

Candidate Name

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

State: District:

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

716.93

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

--

12020712585

**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 19 OF 24

<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		Date of Disbursement
Mailing Address 14 Arrow St		M M / D D / Y Y Y Y Y Y 09 / 09 / 2012
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Amount of Each Disbursement this Period 197.50
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Capitol Compliance Associates		Date of Disbursement
Mailing Address PO Box 15293		M M / D D / Y Y Y Y Y Y 09 / 06 / 2012
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Compliance Services	Candidate Name	Amount of Each Disbursement this Period 720.38
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:	Category/Type	

Full Name (Last, First, Middle Initial) c. Federal City Caterers		Date of Disbursement
Mailing Address 1119 12th St		M M / D D / Y Y Y Y Y Y 07 / 31 / 2012
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Catering	Candidate Name	Amount of Each Disbursement this Period 2342.80
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3260.68
TOTAL This Period (last page this line number only).....	

12020712536

**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 20 OF 24

<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. Blaze Wharton

Mailing Address 5322 S Lucky Clover Ln

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2012

City State Zip Code
Murray UT 84123

Amount of Each Disbursement this Period

2011.73

Purpose of Disbursement
Reimbursement

--

Transaction ID : SB17.4444

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

B. Utah Food Services

Full Name (Last, First, Middle Initial)

Mailing Address 100 S West Temple

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2012

City State Zip Code
Salt Lake City UT 84101

Amount of Each Disbursement this Period

1242.43

Purpose of Disbursement
Catering

--

Transaction ID : SB17.4444.0

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

C. Founders Room

Full Name (Last, First, Middle Initial)

Mailing Address One S Main
18th Fl, Zions Bank Bldg

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2012

City State Zip Code
Salt Lake City UT 84133

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Room Rental

--

Transaction ID : SB17.4444.1

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

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

2011.73

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

5989.34

12020712537

**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 21 OF 24

<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

Full Name (Last, First, Middle Initial)

A. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name
CLAIRE MCCASKILL

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: MO District: 00

Date of Disbursement

M M / D D D / Y Y Y Y Y Y
07 / 18 / 2012

Amount of Each Disbursement this Period

7100.00

Transaction ID : SB18.4448

Full Name (Last, First, Middle Initial)

B. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name
CLAIRE MCCASKILL

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: MO District: 00

Date of Disbursement

M M / D D D / Y Y Y Y Y Y
08 / 03 / 2012

Amount of Each Disbursement this Period

5200.00

Transaction ID : SB18.4449

Full Name (Last, First, Middle Initial)

C. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name
CLAIRE MCCASKILL

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: MO District: 00

Date of Disbursement

M M / D D D / Y Y Y Y Y Y
08 / 28 / 2012

Amount of Each Disbursement this Period

2350.00

Transaction ID : SB18.4450

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

14650.00

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

12020712558

**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 22 OF 24

<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

Full Name (Last, First, Middle Initial)

A. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name
CLAIRE MCCASKILL

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

State: MO District: 00

Date of Disbursement

M M / D D / Y Y Y Y
09 / 24 / 2012

Amount of Each Disbursement this Period

14200.00

Transaction ID : SB18.4452

B. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Transfer Back funds to be refunded

Candidate Name
JON TESTER

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

State: MT District: 00

Date of Disbursement

M M / D D / Y Y Y Y
07 / 13 / 2012

Amount of Each Disbursement this Period

-900.00

Transaction ID : SB18.4447

C. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Transfer

Candidate Name
JON TESTER

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

State: MT District: 00

Date of Disbursement

M M / D D / Y Y Y Y
08 / 28 / 2012

Amount of Each Disbursement this Period

14600.00

Transaction ID : SB18.4451

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

27900.00

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

12020712330

**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 23 OF 24

<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Missouri-Montana Fund

Full Name (Last, First, Middle Initial)

A. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

City HELENA State MT Zip Code 59624

Amount of Each Disbursement this Period

14150.00

Purpose of Disbursement
Transfer

Category/ Type

Transaction ID : SB18.4453

Candidate Name
JON TESTER

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

State: MT District: 00

B.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

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

State: District:

C.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

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

State: District:

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

14150.00

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

56700.00

12020712540

**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 24 OF 24

<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.

Mailing Address 38 Deerfield St

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2012

City Milton State MA Zip Code 02186

Amount of Each Disbursement this Period

900.00

Purpose of Disbursement
Refund

--

Transaction ID : SB20A.4455

Candidate Name

Category/ Type

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

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M / D D / Y Y 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:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M / D D / Y Y 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).....

900.00

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

900.00

12020712591

United States Senate

OFFICE OF THE SECRETARY

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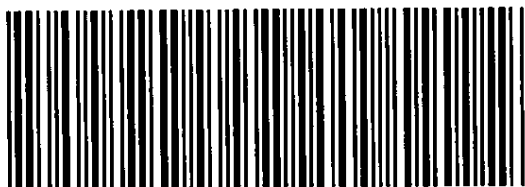
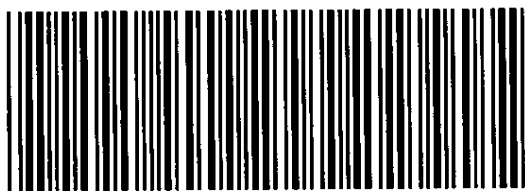
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