

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 COLORADO FAMILY ACTION | | 3. FEC Identification Number C C90013988 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. BOX 558 | | |
| (c) City, State and ZIP Code CASTLE ROCK CO 80104 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" 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

11 / 01 / 2012
 THROUGH
 11 / 01 / 2012

6. TOTAL CONTRIBUTIONS 5656.44

7. TOTAL INDEPENDENT EXPENDITURES 7576.26

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

[Electronically Filed]

Jessica Haverkate

Jessica Haverkate

11/02/2012

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

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

SCHEDULE 5-A **ITEMIZED RECEIPTS**

PAGE 2 OF 3

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)
COLORADO FAMILY ACTION

| | | | | |
|--|-------|----------|--|--|
| A. Full Name (Last, First, Middle Initial) Florida Family Action, Inc. | | | Date of Receipt | |
| Mailing Address 4853 South Orange Avenue | | | <div> <div>MM / DD / YYYY</div> <div>11 / 01 / 2012</div> </div> | |
| City | State | Zip Code | Transaction ID : F56.000001 | |
| Orlando | FL | 32806 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. C | | | 5656.44 | |
| Name of Employer | | | Occupation | |

| | | | | |
|--|-------|----------|--|--|
| B. Full Name (Last, First, Middle Initial) | | | Date of Receipt | |
| Mailing Address | | | <div> <div>MM / DD / YYYY</div> <div></div> </div> | |
| City | State | Zip Code | 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) | | | Date of Receipt | |
| Mailing Address | | | <div> <div>MM / DD / YYYY</div> <div></div> </div> | |
| City | State | Zip Code | 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) | | | Date of Receipt | |
| Mailing Address | | | <div> <div>MM / DD / YYYY</div> <div></div> </div> | |
| City | State | Zip Code | 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)

5656.44

5656.44

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
COLORADO FAMILY ACTION

| | | | |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Angler, LLC | | Date MM / DD / YYYY 11 / 01 / 2012 | |
| Mailing Address 1100 G Street NW, Ste. 805 | | Amount 1919.82 | |
| City Washington | State DC | Zip Code 20005 | Transaction ID : F57.000001 |
| Purpose of Expenditure Advertising: live phone calls | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 35114.84 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Florida Family Action, Inc. | | Date MM / DD / YYYY 11 / 01 / 2012 | |
| Mailing Address 4853 South Orange Avenue | | Amount 5656.44 | |
| City Orlando | State FL | Zip Code 32806 | Transaction ID : F57.000002 |
| Purpose of Expenditure Advertising: personnel for live phone calls (in kind) | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 40772.28 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 7576.26 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | 7576.26 |