FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

| To be used by reisons (other than rolling confinitions) | | |
|---|--|--|
| 1. (a) Name of Individual, Organization or Corporation Family Foundation Action | 7015 JAN 12 PH 12: 02 FEC MAIL CENTER | |
| (b) Address (number and street) check if different than previously reported 919 East Main Street Ste. 1110 | | |
| (c) City, State and ZIP Code Richmond, VA 23219 | 3. FEC Identification Number | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | C90014366 | |
| TYPE OF REPORT (check appropriate boxes): | | |
| (a) April 15 Quarterly Report | (| |
| ☐ July 15 Quarterly Report ☐ 24-Hour Report | | |
| October 15 Quarterly Report | The state of the s | |
| January 31 Year-End Report | | |
| b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM THROUGH THROUGH THROUGH TO BY Yes, it amends the report filed on 2.014 | | |
| 6. TOTAL CONTRIBUTIONS | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | 2,9.8,7.6,9 | |
| 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. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE | | |
| Dale E. Oostdyk Dale E. C. NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report | | |

| CHEDULE 5-E EMIZED INDEPENDENT EXPENDITURES PAGE 2 OF Z FOR LINE 7 OF FORM 5 | |
|---|---|
| NAME OF FILER (In Full) | |
| Family Foundation Action | |
| | |
| Full Name (Last, First, Middle Initial) of Payee | ate of Public Distribution/Dissemination |
| Campaign Marketing Strategies | 11110312014 |
| Mailing Address 3240 Wilson Blvd. Ste. 202 | |
| 3240 Wilson Blvd, Ste. 202 Amount | |
| City Arlington VA ZZZEI | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Purpose of Expenditure Phone calling expense Category/ Type Office S | Sought: House State: \(\frac{\sqrt{R}}{\text{P}} \) Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: | President |
| Mark Warner Check (| One: Support Dppose |
| Calendar Year-To-Date Per Election Disburse | ement For: Primary General |
| for Office Sought | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination | |
| | MYM \ D-B \ Y-YYYY |
| Mailing Address | |
| City State Zip Code | mount |
| City State Zip Code | |
| Purpose of Expenditure Category/ Type Office S | Sought: House State: Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: | President |
| Check | One: Support Oppose |
| Calendar Year-To-Date Per Election Disburse | ement For: Primary General |
| for Office Sought | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Pate of Public Distribution/Dissemination |
| | [MAM] \ [DAD] \ [ANANA |
| Mailing Address | |
| A | mount |
| City State Zip Code | |
| | |
| Purpose of Expenditure Category/ Office S | Sought: House State: |
| Туре | Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose | |
| Calendar Year-To-Date Per Election Disburse | ement For: Primary General |
| for Office Sought | Other (specify) |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | Z,9,8,7.6,9 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | J |
| | |
| (c) TOTAL Independent Expenditures | 2,987.69 |



Federal Election Commission 20463 999 E Street, N.W. washington, OC







(8/2013)

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. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED