

2011 JUN 17 AM 9:22

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL  
ACTION COMMITTEE

ADDRESS (number and street)

621 E McCarty Suite E

☐ Check if different  
than previously  
reported. (ACC)

JEFFERSON CITY

MO

65101-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS  
REPORT

☐

NEW  
(N)

OR

☒

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P)
- ☐ Convention (12C)

- ☒ General (12G)
- ☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the  
State of

State

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

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

State

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 Chelsea A Zimmerman

Signature of Treasurer

Chelsea A Zimmerman

MM / DD / YYYY

06 / 15 / 2011

2011

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 3X**  
Rev. 12/2004

11030614007

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10/01/2010 To: 10/13/2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2010</u>		<u>330.00</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>2,973.50</u>	
(c) Total Receipts (from Line 19) .....	<u>1,300.00</u>	<u>16,938.63</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<u>4,273.50</u>	<u>17,268.63</u>
7. Total Disbursements (from Line 31) .....	<u>421.25</u>	<u>13,416.38</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<u>3,852.25</u>	<u>3,852.25</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>1,087.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>846.00</u>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

To:

10/01/2010

To:

10/13/2010

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:
- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A).....
- (ii) Unitemized.....
- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶
12. Transfers From Affiliated/Other Party Committees.....
13. All Loans Received.....
14. Loan Repayments Received.....
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....
17. Other Federal Receipts (Dividends, Interest, etc.).....
18. Transfers from Non-Federal and Levin Funds
- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

500.00

800.00

1,300.00

00

00

1,300.00

00

00

00

00

00

00

00

00

00

00

00

1,300.00

1,300.00

5,975.00

10,963.63

16,938.63

00

00

16,938.63

00

00

00

00

00

00

00

00

00

00

00

16,938.63

16,938.63

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	00	00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures .....	421.25	11,643.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	421.25	11,643.59
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00	00
24. Independent Expenditures (use Schedule E) .....	00	1,772.79
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements .....	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	421.25	13,416.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	421.25	13,416.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1,300.00	16,938.63
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,300.00	16,938.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	421.25	11,643.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	421.25	11,643.59

11030614011

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

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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 RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE*

Full Name (Last, First, Middle Initial)

A. *KEYS, RICHARD*

Mailing Address

*353 Elmcrest Dr*

City

*Ballwin*

State

*MO*

Zip Code

*63011-2529*

FEC ID number of contributing  
federal political committee.

*C*

Date of Receipt

*10 / 11 / 2010*

Amount of Each Receipt this Period

*200.00*

Name of Employer

*Medical Physicist Services*

Occupation

*Physicist*

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

*200.00*

Full Name (Last, First, Middle Initial)

B. *Schlappizzi, Don*

Mailing Address

*9976 Old Warson Rd*

City

*St. Louis*

State

*MO*

Zip Code

*63124-1030*

FEC ID number of contributing  
federal political committee.

*C*

Date of Receipt

*10 / 11 / 2010*

Amount of Each Receipt this Period

*300.00*

Name of Employer

*SELF-EMPLOYED*

Occupation

*ATTORNEY*

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

*300.00*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

*C*

Date of Receipt

*10 / 11 / 2010*

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

*500.00*

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

*500.00*

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. Postmaster

Date of Disbursement

Mailing Address

10/04/2010

131 W. HIGH

City State Zip Code

JEFFERSON CITY MO 65101

Purpose of Disbursement

Mailing Fundraiser - Postage

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

375.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

375.00

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

375.00

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE / OF /

FOR LINE NUMBER:  
(check only one)

☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GRAVES, SAMUEL B

Nature of Debt (Purpose):

Mailing Address

110 SOUTH 10TH

City State

Zip Code

ARKIO MO

64491

Outstanding Balance Beginning This Period

1,087.00

Amount Incurred This Period

00

Payment This Period

00

Outstanding Balance at Close of This Period

1,087.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

1,087.00

2) TOTALS This Period (last page this line number only).....▶

1,087.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

1,087.00



# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE / OF /

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

The Catholic Key

Mailing Address

P O BOX 419037

City State

Zip Code

Kansas City MO 64141-6037

Outstanding Balance Beginning This Period

423.00

Amount Incurred This Period

423.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

846.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

/

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

846.00

2) TOTALS This Period (last page this line number only).....▶

846.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

846.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE      OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL</b>		FEC IDENTIFICATION NUMBER ▼ <b>C 00157958</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee <b>The Catholic Key</b>		Date <b>10 / 08 / 2010</b>
Mailing Address <b>P O BOX 419037</b>		Amount <b>423.00</b>
City <b>Kansas City</b>	State <b>MO</b>	Zip Code <b>64141</b>
Purpose of Expenditure <b>Advertising</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>5</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Jacob Turk</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1,007.16</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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 .....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date **10 / 08 / 2010**

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 type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i>	Shipping Date <i>6/16/11</i>
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
<i>JmH</i> PREPARER	<i>6/17/11</i> DATE PREPARED

(3/2005)

11030614017