

**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: To:

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="384.69"/>	<input type="text" value="384.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3579.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="980.00"/>	<input type="text" value="11245.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4559.76"/>	<input type="text" value="11629.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2582.38"/>	<input type="text" value="9452.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1977.38"/>	<input type="text" value="1977.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1087.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="2589.52"/>	

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

13031103158

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **10** ' **18** ' **2012** To: **11** ' **26** ' **2012**

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).....	540.00	4,240.00
(ii) Unitemized.....	440.00	7,005.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	980.00	11,245.00
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	980.00	11,245.00
12. Transfers From Affiliated/Other Party Committees.....	00	00
13. All Loans Received.....	00	00
14. Loan Repayments Received.....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.).....	00	00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00	00
(b) Levin Funds (from Schedule H5).....	00	00
(c) Total Transfers (add 18(a) and 18(b))..	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	980.00	11,245.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	980.00	11,245.00

651201103159

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	776.09	64410.1
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	776.09	64410.1
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)	1806.29	3011.27
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))..	2582.38	9452.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2582.38	9452.31

091501103160

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)	9,800.00	11,245.00
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9,800.00	11,245.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7,760.9	6,441.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7,760.9	6,441.01

13031103161
1915011501

**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. Westoff, Leonard			Date of Receipt
Mailing Address 130 Franke Dr			M M ' D D ' Y Y Y Y 10 ' 30 ' 2012
City Winfield	State MO	Zip Code 63389	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			, , 240.00
Name of Employer Retired		Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		, , 240.00	

Full Name (Last, First, Middle Initial) B. Slivinski, John			Date of Receipt
Mailing Address 529 Blanche Dr			M M ' D D ' Y Y Y Y 11 ' 12 ' 2012
City St. Charles	State MO	Zip Code 63303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			, , 300.00
Name of Employer Retired		Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		, , 300.00	

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

SUBTOTAL of Receipts This Page (optional).....▶	, , 540.00
TOTAL This Period (last page this line number only).....▶	, , 540.00

13031103162

**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 /

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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. BROWN PAINTING

Mailing Address

P O BOX 2170

City

Jefferson City MO

State

Zip Code

65102

Purpose of Disbursement

Fund Raising

Candidate Name

MULTI

Category/
Type

Date of Disbursement

10 / 19 / 2012

Amount of Each Disbursement this Period

447.33

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

MM / DD / YYYY

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.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

MM / DD / YYYY

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).....▶

447.33

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

13031103163

**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 /

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1,455.52
TOTAL This Period (last page this line number only).....	1,455.52

13031103164

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>GRAVES, SAMUEL B</i>		Nature of Debt (Purpose):
Mailing Address <i>110 S. 10th</i>		
City <i>TARKIO</i>	State <i>MO</i>	
Outstanding Balance Beginning This Period <i>1087.00</i>		
Amount Incurred This Period <i>00</i>	Payment This Period <i>00</i>	Outstanding Balance at Close of This Period <i>1087.00</i>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	
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	
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).....▶	<i>1087.00</i>
2) TOTALS This Period (last page this line number only).....▶	<i>1087.00</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<i>00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<i>1087.00</i>

13031103165

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
 Excluding Loans

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

PAGE 1 OF 2

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

MILAN STANDARD

Nature of Debt (Purpose):

Advertising

Mailing Address

105 S. MARKET ST

City

State

Zip Code

MILAN MO

63556 -1329

Outstanding Balance Beginning This Period

00

Amount Incurred This Period

18205

Payment This Period

00

Outstanding Balance at Close of This Period

18205

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

NEMO TRADER

Nature of Debt (Purpose):

Advertising

Mailing Address

506 W. POTTER AVE

City

State

Zip Code

KIRKSVILLE MO

63501

Outstanding Balance Beginning This Period

00

Amount Incurred This Period

8125

Payment This Period

00

Outstanding Balance at Close of This Period

8125

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

Unionville Republican

Nature of Debt (Purpose):

Advertising

Mailing Address

111 S. 16th St.

City

State

Zip Code

Unionville

MO 63565

Outstanding Balance Beginning This Period

00

Amount Incurred This Period

9544

Payment This Period

00

Outstanding Balance at Close of This Period

9544

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

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

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

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

35874

13031103166

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 2 OF 2

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION Comm.

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

Veritas Public Relations

Nature of Debt (Purpose):

Advertising

Mailing Address

P O BOX 11223

City

State

Zip Code

Springfield MO 65808

Outstanding Balance Beginning This Period

00

Amount Incurred This Period

2,230.78

Payment This Period

00

Outstanding Balance at Close of This Period

2,230.78

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)..... ▶

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

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

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

2,230.78

2,589.52

2,589.52

13031103167

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER 000157958
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee METROVOICE		Date 10 19 2012
Mailing Address PO BOX 1533		Amount 15.00
City ST PETERS	State MO	Zip Code 63376
Purpose of Expenditure Advertising	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: 59,40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee METROVOICE		Date 10 19 2012
Mailing Address PO BOX 1533		Amount 15.00
City ST. PETERS	State MO	Zip Code 63376
Purpose of Expenditure Advertising	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: 59,40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	30.00
(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.

Patricia M. Akin
 Signature

Date **12 05 2012**

891501103168

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</i>	FEC IDENTIFICATION NUMBER <i>000157958</i>
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>METROVOICE</i>	Date <i>10/19/2012</i>
Mailing Address <i>PO BOX 1533</i>	Amount <i>15.00</i>
City <i>ST PETERS</i> State <i>MO</i> Zip Code <i>63376</i>	
Purpose of Expenditure <i>Advertising</i> Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House State: <i>MO</i> <input type="checkbox"/> Senate District: <i>6</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Sam Graves</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: <i>111,53</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>METROVOICE</i>	Date <i>10/19/2012</i>
Mailing Address <i>PO BOX 1533</i>	Amount <i>15.00</i>
City <i>ST. PETERS</i> State <i>MO</i> Zip Code <i>63376</i>	
Purpose of Expenditure <i>Advertising</i> Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House State: <i>MO</i> <input type="checkbox"/> Senate District: <i>1</i> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Robin Hamlin</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: <i>59,48</i>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	<i>30.00</i>
(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 *10/19/2012*

13031103169

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER 000157958
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee METROVOICE	Date M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address PO BOX 1533	Amount 15.00
City State Zip Code ST PETERS MO 63376	
Purpose of Expenditure Advertising	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Ann Wagner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2
Calendar Year-To-Date Per Election for Office Sought 115.04	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee METROVOICE	Date M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address PO BOX 1533	Amount 15.00
City State Zip Code ST. PETERS MO 63376	
Purpose of Expenditure Advertising	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Blaine Luetkemeyer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 3
Calendar Year-To-Date Per Election for Office Sought 115.04	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	30.00
(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 M M / D D / Y Y Y Y

01501501

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER 000157958
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee METROVOICE		Date 10/19/2012
Mailing Address PO BOX 1533		Amount 15.00
City ST PETERS	State MO	Zip Code 63376
Purpose of Expenditure Advertising	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 4
Name of Federal Candidate Supported or Opposed by Expenditure: Vicky Hartzler		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 111.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee METROVOICE		Date 10/19/2012
Mailing Address PO BOX 1533		Amount 15.00
City ST. PETERS	State MO	Zip Code 63376
Purpose of Expenditure Advertising	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Jacob Turk		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 111.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	30.00
(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: **10/19/2012**

171301103171

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER 000157958
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee METROVOICE		Date 10 19 2012
Mailing Address P O BOX 1533		Amount 15.00
City ST PETERS	State MO	Zip Code 63376
Purpose of Expenditure Advertising	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7
Name of Federal Candidate Supported or Opposed by Expenditure: BILLY LONG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: 111.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee METROVOICE		Date 10 19 2012
Mailing Address P O BOX 1533		Amount 15.00
City ST. PETERS	State MO.	Zip Code 63376
Purpose of Expenditure Advertising	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 8
Name of Federal Candidate Supported or Opposed by Expenditure: Joann Emerson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: 111.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	30.00
(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 19 2012**

13031103172

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

PAGE OF
FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee <i>KIRKSVILLE DAILY EXPRESS</i>		Date <i>10 29 20 12</i>
Mailing Address <i>110 E. McPherson</i>		Amount <i>47.25</i>
City <i>KIRKSVILLE</i>	State <i>MO</i>	Zip Code <i>63501</i>
Purpose of Expenditure <i>Advertising</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>MITT ROMNEY</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: <i>106.65</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>KIRKSVILLE DAILY EXPRESS</i>		Date <i>10 29 20 12</i>
Mailing Address <i>110 E. McPherson</i>		Amount <i>47.25</i>
City <i>KIRKSVILLE</i>	State <i>MO</i>	Zip Code <i>63501</i>
Purpose of Expenditure <i>Advertising</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <i>MO</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Todd Akin</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: <i>106.65</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>94.50</i>
(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 29 20 12*

13031103173

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

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL</i>	FEC IDENTIFICATION NUMBER <i>C00157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice <i>ACTION COMMITTEE</i>	

Full Name (Last, First, Middle Initial) of Payee <i>KIRKSVILLE DAILY EXPRESS</i>		Date <i>10 29 2012</i>
Mailing Address <i>110 E. McPherson</i>		Amount <i>47.25</i>
City <i>KIRKSVILLE</i>	State <i>MO</i>	Zip Code <i>63501</i>
Purpose of Expenditure <i>Advertising</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>6</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>SAM GRAVES</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>158.78</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		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	<i>47.25</i>
(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 _____

13031103174

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

PAGE OF
FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee <i>Lincoln County Journal</i>		Date <i>10/29/2012</i>
Mailing Address <i>20 BUSINESS PARK DR</i>		Amount <i>19.68</i>
City <i>TROY</i>	State <i>MO</i>	Zip Code <i>63379</i>
Purpose of Expenditure <i>Advertising</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Mitt Romney</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>126.33</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>LINCOLN COUNTY JOURNAL</i>		Date <i>10/29/2012</i>
Mailing Address <i>20 BUSINESS PARK DR</i>		Amount <i>19.67</i>
City <i>TROY</i>	State <i>MO</i>	Zip Code <i>63379</i>
Purpose of Expenditure <i>Advertising</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Todd Akin</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>126.32</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	<i>39.35</i>
(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

M M / D D / Y Y Y Y

13031103175

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL</i>	FEC IDENTIFICATION NUMBER <i>000157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice <i>ACTION COMMITTEE</i>	

Full Name (Last, First, Middle Initial) of Payee <i>Lincoln County Journal</i>	Date <i>10/29/2012</i>
Mailing Address <i>20 BUSINESS PARK DR</i>	Amount <i>19.67</i>
City State Zip Code <i>TROY MO 63379</i>	
Purpose of Expenditure <i>Advertising</i>	Category/Type <i>004</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Blaine Luetkemeyer</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>3</i> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>13471</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	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ 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	<i>19.67</i>
(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 *10/29/2012*

13031103176

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</i>	FEC IDENTIFICATION NUMBER <i>C00157958</i>
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>BROWN PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>P O BOX 2170</i>		Amount <i>96.19</i>
City <i>Jefferson City</i>	State <i>MO</i>	Zip Code <i>65102</i>
Purpose of Expenditure <i>Newsletter Printing</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Mitt Romney</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought <i>222.52</i>		

Full Name (Last, First, Middle Initial) of Payee <i>BROWN PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>P O BOX 2170</i>		Amount <i>96.19</i>
City <i>Jefferson City</i>	State <i>MO</i>	Zip Code <i>65102</i>
Purpose of Expenditure <i>Newsletter Printing</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Todd Akin</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought <i>222.51</i>		

(a) SUBTOTAL of Itemized Independent Expenditures	<i>192.38</i>
(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 *10/31/2012*

1303110317

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE _____ OF _____
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER 000157958
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee BROWN PRINTING	Date 10/31/2012		
Mailing Address P O BOX 2170	Amount 96.19		
City State Zip Code Jefferson City MO 65102			
Purpose of Expenditure Newsletter Printing	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Sam Graves		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 254.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee BROWN PRINTING	Date 10/31/2012		
Mailing Address P O BOX 2170	Amount 96.19		
City State Zip Code Jefferson City MO 65102			
Purpose of Expenditure Newsletter Printing	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 1
Name of Federal Candidate Supported or Opposed by Expenditure: Robin Hamlin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 155.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	192.38
(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: M M / D D / Y Y Y Y

12031103178

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</i>	FEC IDENTIFICATION NUMBER <i>000157958</i>
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>BROWN PRINTING</i>	Date <i>10 31 2012</i>
Mailing Address <i>P O BOX 2170</i>	Amount <i>96.19</i>
City State Zip Code <i>Jefferson City MO 65102</i>	
Purpose of Expenditure <i>Newsletter Printing</i>	Category/Type <i>004</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Ann Wagner</i>	Office Sought: <input checked="" type="checkbox"/> House State: <i>MO</i> <input type="checkbox"/> Senate District: <i>2</i> <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>211.23</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>BROWN PRINTING</i>	Date <i>10 31 2012</i>
Mailing Address <i>P O BOX 2170</i>	Amount <i>96.19</i>
City State Zip Code <i>Jefferson City MO 65102</i>	
Purpose of Expenditure <i>Newsletter Printing</i>	Category/Type <i>004</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Blaine Luetkemeyer</i>	Office Sought: <input checked="" type="checkbox"/> House State: <i>MO</i> <input type="checkbox"/> Senate District: <i>3</i> <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>230.90</i>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	<i>192.38</i>
(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 _____

13031103179

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee BROWN PRINTING	Date M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address P O BOX 2170	Amount 96.18
City State Zip Code Jefferson City MO 65102	
Purpose of Expenditure Newsletter Printing	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Vicky Hartzler	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 4
Calendar Year-To-Date Per Election for Office Sought 207.71	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee BROWN PRINTING	Date M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address P O BOX 2170	Amount 96.18
City State Zip Code Jefferson City MO 65102	
Purpose of Expenditure Newsletter Printing	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jacob Turk	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 5
Calendar Year-To-Date Per Election for Office Sought 207.71	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	192.36
(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 M M / D D / Y Y Y Y

13031103180

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee BROWN PRINTING		Date M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address P O BOX 2170		Amount	
City Jefferson City	State MO	Zip Code 65102	
Purpose of Expenditure Newsletter Printing	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 7
Name of Federal Candidate Supported or Opposed by Expenditure: Billy Long		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 207.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee BROWN PRINTING		Date M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address P O BOX 2170		Amount	
City Jefferson City	State MO	Zip Code 65102	
Purpose of Expenditure Newsletter Printing	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 8
Name of Federal Candidate Supported or Opposed by Expenditure: Joann Emerson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 207.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures	192.36
(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 M M / D D / Y Y Y Y _____

13031103181

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

PAGE OF
FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee <i>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.37</i>
City <i>Effingham</i>	State <i>IL</i>	
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Mitt Romney</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>27,189</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>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.37</i>
City <i>Effingham</i>	State <i>IL</i>	
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Todd Akin</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>27,188</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>98.74</i>
(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 / /

13031103182

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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL</i>	FEC IDENTIFICATION NUMBER <i>C00157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	<i>ACTION COMMITTEE</i>

Full Name (Last, First, Middle Initial) of Payee <i>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.37</i>
City <i>Effingham</i>	State <i>IL</i>	Zip Code <i>62401</i>
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>6</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Sam Graves</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>304.34</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>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.37</i>
City <i>Effingham</i>	State <i>IL</i>	Zip Code <i>62401</i>
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>1</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Robin Hamlin</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>205.03</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	<i>98.74</i>
(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 *10/31/2012*

13031103183

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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</i>	FEC IDENTIFICATION NUMBER <i>000157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.37</i>
City <i>Effingham</i>	State <i>IL</i>	
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>2</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Ann Wagner</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>260.59</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>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.37</i>
City <i>Effingham</i>	State <i>IL</i>	
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>3</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Blaine Luetkemeyer</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>280.26</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	<i>98.74</i>
(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 *10/31/2012*

13031103184

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <i>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL</i>	FEC IDENTIFICATION NUMBER <i>C00157958</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	<i>ACTION COMMITTEE</i>

1303103185

Full Name (Last, First, Middle Initial) of Payee <i>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.36</i>
City <i>Effingham</i>	State <i>IL</i>	Zip Code <i>62401</i>
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>4</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Vicky Hartzler</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>257.07</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>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.36</i>
City <i>Effingham</i>	State <i>IL</i>	Zip Code <i>62401</i>
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>5</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Jacob Turk</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>257.07</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	<i>98.72</i>
(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 *10/31/2012*

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee <i>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.36</i>
City <i>Effingham</i>	State <i>IL</i>	Zip Code <i>62401</i>
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>7</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Billy Long</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>257.07</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>KINGERY PRINTING</i>		Date <i>10/31/2012</i>
Mailing Address <i>PO BOX 727</i>		Amount <i>49.36</i>
City <i>Effingham</i>	State <i>IL</i>	Zip Code <i>62401</i>
Purpose of Expenditure <i>Flyer Printing</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>8</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Joann Emerson</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>257.07</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	<i>98.72</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<i>1,806.29</i>

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.

Patricia M. Skaw
 Signature

Date *12/05/2012*

1303103186

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee <i>Veritas Public Relations</i>	Date <i>11 02 2012</i>
Mailing Address <i>Po Box 11223</i>	Amount <i>2,230.78</i>
City State Zip Code <i>Springfield MO 65808</i>	
Purpose of Expenditure <i>Advertising</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Todd AKIN</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>2,502.66</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	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	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	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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.

Patricia M. Skain
 Signature

Date *01 31 2013*

13031103187

MRL - Federal PAC Report

for the period 10/18/12 through 11/26/12

Beginning Balance \$3,579.76

Income

Date	Amount	Source	
10/30/12	100.00	Unitemized Donation	
10/30/12	240.00	Leonard Westoff	
	\$240 for year	130 Franke Dr	
		Winfield MO 63389-3406	
11/08/12	270.00	Unitemized Donation	
11/12/12	70.00	Unitemized Donation	
11/12/12	300.00	John Slivinski	
	\$300 for year	529 Blanche Dr	300 total
		St. Charles, MO 63303-5910	for year
Total	<u><u>\$980.00</u></u>		

Expenditures

Date	Amount	Payee	Check Number	Purpose	
10/19/12	447.33	Brown Printing	1358	Romney	44.74
				Akin	44.74
				Graves	44.74
				Hamlin	44.73
				Wagner	44.73
				Luetkemeyer	44.73
				Hartzler	44.73
				Turk	44.73
				Billy Long	44.73
				Emerson	44.73
10/19/12	150.00	Metrovoice	1359	Romney	15
				Akin	15
				Graves	15
				Hamlin	15
				Wagner	15
				Luetkemeyer	15
				Hartzler	15
				Turk	15
				Billy Long	15
				Emerson	15
10/23/12	18.95	Elizabeth Brenneke	1360	postage	
10/29/12	114.75	The Catholic Key	1361		

13031103188

13031103189

10/29/12	6.25	Jefferson City MPO	1104		
10/29/12	59.02	Lincoln County Journal	1362	Romney	19.68
				Akin	19.67
				Luetkemeyer	19.67
10/29/12	141.75	Kirksville Daily Express	1363	Romney	47.25
				Akin	47.25
				Graves	47.25
10/31/12	961.86	Brown Printing	1364	Romney	96.19
				Akin	96.19
				Graves	96.19
				Hamlin	96.18
				Wagner	96.18
				Luetkemeyer	96.18
				Hartzler	96.18
				Turk	96.18
				Billy Long	96.18
				Emerson	96.18
10/31/12	136.68	GFI Digital	1365	toner	
10/31/12	26.25	Jerry Nieters	1366	postage	
10/31/12	493.66	Kingery Printing	1367	Romney	49.37
				Akin	49.37
				Graves	49.37
				Hamlin	49.37
				Wagner	49.37
				Luetkemeyer	49.37
				Hartzler	49.36
				Turk	49.36
				Billy Long	49.36
				Emerson	49.36
10/31/12	25.88	Purchase Power	1368		
Total	<u><u>\$2,582.38</u></u>				

Expenses Previously Incurred - Now Paid

Total

Expenses Incurred - Not Paid

Date	Amount	Payee	Invoice	Purpose	
11/02/12	89.33	Milan Standard		Romney	29.78
				Akin	29.78
				Graves	29.77
11/02/12	92.72	Milan Standard	1369	Romney	
				Akin	

11/02/12	81.25	The Nemo Trader	1370	Graves Romney	27.09
				Akin	27.08
				Graves	27.08
11/02/12	95.44	Unionville Republican	1371	Romney	31.82
				Akin	31.81
				Graves	31.81
11/02/12	2,340.94	Veritas Public Relations		Todd Akin	
Total	<u>\$2,699.68</u>				
Ending Balance	<u>\$1,977.38</u>				

See attached for large donations.

The Nemo Trader
506 W. Potter Ave
Kirksville, MO 63501

Metrovoice KC
PO Box 1114
Lee's Summit MO 64063

Unionville Republican
111 S 16th St
Unionville, MO 63565

Veritas Public Relations
PO Box 11223
Springfield, MO 6580

Kirksville Daily Express
110 E McPherson
Kirksville, MO 63501

Milan Standard
105 S. Market St
Milan MO 63556-1329

Lincoln County Journal
20 Business Park Dr
Troy MO 63379

J. Harris Company
PO Box 74
Jefferson City, MO 65102

Veritas Public Relations
PO Box 11223
Springfield, MO 65808

Metrovoice KC
PO Box 1114
Lee's Summit MO 64063

Kingery Printing
PO Box 727
Effingham, IL 62401

13031103190

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
7/20/13

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

Jmw
 PREPARER
 (7/2013)

8/1/13
 DATE PREPARED

13031103191