

RECEIVED

2010 OCT 13 AM 10:00  
FEC MAIL CENTERFEC  
FORM 3XREPORT 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 00157958

3. IS THIS  
REPORTNEW  
(N)

OR

X

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)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day  
PRE-Election

X

Primary (12P)

General (12G)

Runoff (12R)

Report for the:

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y  
08 / 03 / 2010in the  
State of

MO

(d) 30-Day  
POST-Election

General (30G)

Runoff (30R)

Special (30S)

Report for the:

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2010

through

M M / D D / Y Y Y Y  
07 / 14 / 2010

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

Date

M M / D D / Y Y Y Y  
10 / 08 / 2010

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  
OnlyFEC FORM 3X  
Rev. 12/2004

**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:

07 / 01 / 2010

To:

07 / 14 / 2010

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, 2010		,330.00
(b) Cash on Hand at Beginning of Reporting Period.....	1,204.33	
(c) Total Receipts (from Line 19) .....	350.00	3,235.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1,554.33	3,565.00
7. Total Disbursements (from Line 31) .....	673.80	2,684.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	880.53	880.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	1,087.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	1,794.92	

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: *07* *01* *2010*

To: *07* *14* *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).....	.00	1,700.00
(ii) Unitemized.....	350.00	1,535.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	350.00	3,235.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) Total Contributions (add Line 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	350.00	3,235.00
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)).....▶	350.00	3,235.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	350.00	3,235.00

# **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 .....	311.30	2,321.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	311.30	2,321.97
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) .....	362.50	362.50
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)) ..	673.80	2,684.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	673.80	2,684.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	, 350.00	, 3,235.00
34. Total Contribution Refunds (from Line 28(d)) .....	, .00	, .00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 350.00	, 3,235.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, 311.30	, 2,321.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	, .00	, .00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, 311.30	, 2,321.97

10030441196

# ULE B (FEC Form 3X)

## IMIZED 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

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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)

Wolken, Ron

Date of Disbursement

07 / 06 / 2010

Mailing Address

4005 Cambridge Circle

City State Zip Code

Jefferson MO 65109

Purpose of Disbursement

Postage for fundraiser/reimb.

003

Candidate Name

Multiple

Category/  
Type

Amount of Each Disbursement this Period

, 225.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Date of Disbursement

07 / 14 / 2010

Mailing Address

131 W. HIGH ST.

City State Zip Code

Jefferson City MO 65101

Purpose of Disbursement

Postage on Newsletter

004

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

, 362.50

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Full Name (Last, First, Middle Initial)

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:

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

, 587.50

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

, 587.50

# 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*

Mailing Address

*110 South 10th*

City

State

Zip Code

*Tarkio MO*

*64491*

Nature of Debt (Purpose):

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)..... ▶

*, , .*

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 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

TRACKSIDE Marketing

Nature of Debt (Purpose):

Website Design

Mailing Address

84 Jeanie Dr.

City State

Zip Code

Four Seasons MO 65049

Outstanding Balance Beginning This Period

68.75

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

68.75

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

Brown Printing

Nature of Debt (Purpose):

Printing on  
fund raiser

Mailing Address

P O BOX 2170

City State

Zip Code

Jefferson City MO 65102

Outstanding Balance Beginning This Period

.00

Amount Incurred This Period

903.19

Payment This Period

.00

Outstanding Balance at Close of This Period

903.19

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

Brown Printing

Nature of Debt (Purpose):

Printing on  
fund raiser

Mailing Address

P O BOX 2170

City State

Zip Code

Jefferson City MO 65102

Outstanding Balance Beginning This Period

.00

Amount Incurred This Period

785.48

Payment This Period

.00

Outstanding Balance at Close of This Period

785.48

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

1,757.42

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) ▶

, , .



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

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

PAGE 9 OF 10  
 FOR LINE NUMBER:  
 (check only one)

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

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

The Link

Nature of Debt (Purpose):

News Release  
 Service

Mailing Address

P O Box 640

City

State

Zip Code

IOWA FALLS IA

50126-0640

Outstanding Balance Beginning This Period

, , .00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

, , 37.50

, , .00

, , 37.50

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)..... ▶

, , 37.50

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

, , 1,794.92

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) ▶

, , .

10030441200

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 6  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</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>U. S. POSTMASTER</b>		Date <b>07' 14' 2010</b>
Mailing Address <b>131 W. HIGH ST</b>		Amount <b>32.95</b>
City <b>Jefferson City</b>	State <b>MO</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>Postage on Newsletter</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Roy Blunt</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>U. S. POSTMASTER</b>		Date <b>07' 14' 2010</b>
Mailing Address <b>131 W. HIGH ST.</b>		Amount <b>32.95</b>
City <b>Jefferson City</b>	State <b>MO</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>POSTAGE ON Newsletter</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>1</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Martin Baker</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... **65.90**

(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

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

PAGE 2 OF 6  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</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>U. S. POSTMASTER</b>		Date <b>07' 14' 2010</b>	
Mailing Address <b>131 W. HIGH ST</b>		Amount <b>, , 32.95</b>	
City <b>Jefferson City</b>	State <b>MO</b>		
Purpose of Expenditure <b>Postage on Newsletter</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>2</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Todd Akin</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>, , 32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>U. S. POSTMASTER</b>		Date <b>07' 14' 2010</b>	
Mailing Address <b>131 W. HIGH ST.</b>		Amount <b>, , 32.95</b>	
City <b>Jefferson City</b>	State <b>MO</b>		
Purpose of Expenditure <b>POSTAGE ON Newsletter</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>3</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Ed Martin</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>, , 32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	, , <b>65.90</b>
(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

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 6  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</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>U. S. POSTMASTER</b>		Date <b>07 / 14 / 2010</b>
Mailing Address <b>131 W. HIGH ST</b>		Amount <b>, , 32.95</b>
City <b>Jefferson City</b>	State <b>MO</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>Postage on Newsletter</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>4</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>IKE SKELTON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>, , 32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>U. S. POSTMASTER</b>		Date <b>07 / 14 / 2010</b>
Mailing Address <b>131 W. HIGH ST.</b>		Amount <b>, , 32.95</b>
City <b>Jefferson City</b>	State <b>MO</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>POSTAGE ON Newsletter</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>4</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>VICKY HARTZLER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>, , 32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... ► **, , 65.90**

(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

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

PAGE 4 OF 6  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</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>U. S. POSTMASTER</b>		Date <b>07 / 14 / 2010</b>
Mailing Address <b>131 W. HIGH ST</b>		Amount <b>32.95</b>
City <b>Jefferson City</b>	State <b>MO</b>	
Purpose of Expenditure <b>Postage on Newsletter</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>32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>U. S. POSTMASTER</b>		Date <b>07 / 14 / 2010</b>
Mailing Address <b>131 W. HIGH ST.</b>		Amount <b>32.95</b>
City <b>Jefferson City</b>	State <b>MO</b>	
Purpose of Expenditure <b>POSTAGE ON Newsletter</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>6</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SAM GRAVES</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... **65.92**

(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

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

PAGE 5 OF 6  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</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>U. S. POSTMASTER</b>		Date <b>07' 14' 2010</b>
Mailing Address <b>131 W. HIGH ST</b>		Amount <b>, , 32.95</b>
City <b>Jefferson City</b>	State <b>MO</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>Postage on Newsletter</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>7</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILLY LONG</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>, , 32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>U. S. POSTMASTER</b>		Date <b>07' 14' 2010</b>
Mailing Address <b>131 W. HIGH ST.</b>		Amount <b>, , 32.95</b>
City <b>Jefferson City</b>	State <b>MO</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>POSTAGE ON Newsletter</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>8</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JO Ann Emerson</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>, , 32.95</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	, , <b>65.92</b>
(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

10030441205

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

PAGE 6 OF 6  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</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>U.S. POSTMASTER</b>		Date <b>07 / 14 / 2010</b>
Mailing Address <b>131 W. HIGH ST.</b>		Amount <b>, , 32.96</b>
City <b>Jefferson City</b>	State <b>mo</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>Postage on Newsletter</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>9</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Blaine Luetkemeyer</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>, , 32.96</b>		Disbursement For: <input checked="" 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>32.96</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	, , .
(c) TOTAL Independent Expenditures .....	, , <b>673.80</b>

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 **07 / 22 / 2010**

10030441206

Federal Election Commission  
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PREPARER

(3/2005)

10/13/10  
DATE PREPARED

10030441207