

# FEC FORM 3X

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

RECEIVED  
FEC MAIL CENTER

Office Use Only 28 AM 11:52

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)

1621 E McCarty Suite E

Check if different  
than previously  
reported. (ACC)

JEFFERSON CITY

MO

65101-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00157958

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

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

(b) Monthly  
Report  
Due On:

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

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

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

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

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

☐ Primary (12P)  
☐ Convention (12C)

☒ General (12G)  
☐ Special (12S)

☐ Runoff (12R)

Election on

11/08/2016

in the  
State of

MO

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

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

in the  
State of

5. Covering Period

10/01/2016

through

10/19/2016

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

PATRICIA M. SKAIN

Signature of Treasurer

Patricia M. Skain

Date

10/26/2016

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

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

## FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY  
10 / 01 / 2016

To:

MM / DD / YY  
10 / 19 / 2016

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

- |  |           |           |
|--|-----------|-----------|
| 6. (a) Cash on Hand<br>January 1,  | 2016      | 5323      |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 247,279   |           |
| (c) Total Receipts (from Line 19) .....  | 79,700    | 1,539,536 |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 104,427.9 | 1,544,859 |
| 7. Total Disbursements (from Line 31) .....  | 843,45    | 584,925   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 9599.34   | 9599.34   |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 00        |           |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 00        |           |

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: **10 / 01 / 2014** To: **10 / 19 / 2014**

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).....	2,600.00	4,500.00
(ii) Unitemized.....	5,370.00	10,695.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7,970.00	15,195.00
(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).....▶	7,970.00	15,195.00
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	200.36
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)).....▶	7,970.00	15,395.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7,970.00	15,395.36

# **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 .....	4.99	3,881.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4.99	3,881.96
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) .....	838.46	1,967.29
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (52 U.S.C. § 30101(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)) ..	843.45	5,849.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	843.45	5,849.25

**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) .....	7970.00	15195.00
34. Total Contribution Refunds (from Line 28(d)) .....	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7970.00	15195.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	499	3881.96
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	200.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	499	3681.60

2016-10-28 00:00:00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF 2

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 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. Herzig, Robert

Mailing Address

18655 NW Jones Myer Rd

City

Kansas City

State

MO

Zip Code

64153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bob Herzig Associates Attorney

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 10 / 2016

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Moranville, James

Mailing Address

1940 Anna Leah Ln

City

Washington

State

MO

Zip Code

63090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

10 / 12 / 2016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Heath, Patrick

Mailing Address

704 Havenwood Circle Dr.

City

St. Louis

State

MO

Zip Code

63122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Requested

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2016

Amount of Each Receipt this Period

500.00

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

1,300.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 2 OF 2

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Gillian, James

Mailing Address

16135 Pine Terrace Dr.

City

Ballwin

State

MO

Zip Code

63021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Requested

Occupation

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Reis, Deanie

Mailing Address

7 Greenbriar Dr

City

St. Louis

State

MO

Zip Code

63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gearon, William, Rev

Mailing Address

9828 Whitcomb Ln

City

Afton

State

MO

Zip Code

63123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Requested

Occupation

Pastor

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 17 / 2016

Amount of Each Receipt this Period

300.00

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

1,300.00

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

2,600.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Metrovoice - Widaman Communications

Mailing Address

PO BOX 1114

City

Lee's Summit

State

MO

Zip Code

64063

Purpose of Disbursement

Newspaper Advertisement

Candidate Name

Multiple

004

Category/  
Type

Date of Disbursement

10 / 01 / 2016

Amount of Each Disbursement this Period

333.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ Other (specify) ▼

☒ General

State:

District:

Full Name (Last, First, Middle Initial)

B. U.S. Postal Service

Mailing Address

131 W. High St. RM 104

City

Jefferson City

State

MO

Zip Code

65101

Purpose of Disbursement

Newsletter Postage

Candidate Name

Multiple

004

Category/  
Type

Date of Disbursement

10 / 11 / 2016

Amount of Each Disbursement this Period

505.46

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ Other (specify) ▼

☐ General

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

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ Other (specify) ▼

☐ General

State:

District:

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

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

838.46

838.46

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

PAGE 1 OF 1  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C 00157958
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee Metrovoice-Widaman Comm.		Date of Public Distribution/Dissemination 10/01/2016	
Mailing Address PO BOX 1114		Amount 166.50	
City Lee's Summit	State MO	Zip Code 64063	Date of Disbursement or Obligation 10/01/2016
Purpose of Expenditure Advertising		Category/Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		166.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Metrovoice - Widaman Comm		Date of Public Distribution/Dissemination 10/01/2016	
Mailing Address PO BOX 1114		Amount 166.50	
City Lee's Summit	State MO	Zip Code 64063	Date of Disbursement or Obligation 10/01/2016
Purpose of Expenditure Advertising		Category/Type 004	
Name of Federal Candidate Roy Blunt		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		291.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 333.00

(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. Skann  
 Signature

Date 10/26/2016

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

PAGE 1 OF 3  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>MISSOURI RIGHT TO LIFE FEDERAL</u> <u>POLITICAL ACTION COMMITTEE</u>	FEC IDENTIFICATION NUMBER <u>C 00157958</u>
---	--

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on \_\_\_\_\_

Full Name of Payee <u>U.S. Postal Service</u>		Date of Public Distribution/Dissemination <u>10/17/2016</u>	
Mailing Address <u>131 W. HIGH ST RM 104</u>		Amount <u>112.22</u>	
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65101</u>	Date of Disbursement or Obligation <u>10/14/2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>		Category/Type <u>004</u>	
Name of Federal Candidate <u>Donald Trump</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <u>278.92</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name of Payee <u>U.S. Postal Service</u>		Date of Public Distribution/Dissemination <u>10/17/2016</u>	
Mailing Address <u>131 W. HIGH ST RM 104</u>		Amount <u>12.63</u>	
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65101</u>	Date of Disbursement or Obligation <u>10/14/2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>		Category/Type <u>004</u>	
Name of Federal Candidate <u>ROY BLUNT</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <u>304.56</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... 124.85

(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 2 OF 5  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <u>U.S. Postal Service</u>	Date of Public Distribution/Dissemination <u>10</u> / <u>17</u> / <u>2016</u>
Mailing Address <u>131 W. HIGH ST RM 104</u>	Amount <u>11.08</u>
City State Zip Code <u>Jefferson City MO 65101</u>	Date of Disbursement or Obligation <u>10</u> / <u>14</u> / <u>2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>	Category/Type <u>004</u>
Name of Federal Candidate <u>Ann Wagner</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>2</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <u>136.51</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee <u>U.S. Postal Service</u>	Date of Public Distribution/Dissemination <u>10</u> / <u>17</u> / <u>2016</u>
Mailing Address <u>131 W. HIGH ST RM 104</u>	Amount <u>11.08</u>
City State Zip Code <u>Jefferson City MO 65101</u>	Date of Disbursement or Obligation <u>10</u> / <u>14</u> / <u>2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>	Category/Type <u>004</u>
Name of Federal Candidate <u>BLAINE LUETKE MEYER</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>3</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <u>136.51</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 22.16

(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 5  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <u>U.S. Postal Service</u>		Date of Public Distribution/Dissemination <u>10/17/2016</u>	
Mailing Address <u>131 W. HIGH ST RM 104</u>		Amount <u>11.09</u>	
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65101</u>	Date of Disbursement or Obligation <u>10/14/2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>		Category/Type <u>004</u>	
Name of Federal Candidate <u>VICKY HARTZLER</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>4</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <u>136.52</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name of Payee <u>U.S. Postal Service</u>		Date of Public Distribution/Dissemination <u>10/17/2016</u>	
Mailing Address <u>131 W. HIGH ST RM 104</u>		Amount <u>11.09</u>	
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65101</u>	Date of Disbursement or Obligation <u>10/14/2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>		Category/Type <u>004</u>	
Name of Federal Candidate <u>JACOB TURK</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>5</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <u>136.51</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... 22.18

(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 4 OF 5  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>MISSOURI RIGHT TO LIFE FEDERAL</u> <u>POLITICAL ACTION COMMITTEE</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00157958</u>
---	--

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on \_\_\_\_\_

Full Name of Payee <u>U.S. Postal Service</u>		Date of Public Distribution/Dissemination <u>10 / 17 / 2016</u>	
Mailing Address <u>131 W. HIGH ST RM 104</u>		Amount <u>11.09</u>	
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65101</u>	Date of Disbursement or Obligation <u>10 / 14 / 2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>		Category/Type <u>004</u>	
Name of Federal Candidate <u>JAM GRAVES</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>6</u> State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought <u>136.51</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>U.S. Postal Service</u>		Date of Public Distribution/Dissemination <u>10 / 17 / 2016</u>	
Mailing Address <u>131 W. HIGH ST RM 104</u>		Amount <u>11.09</u>	
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65101</u>	Date of Disbursement or Obligation <u>10 / 14 / 2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>		Category/Type <u>004</u>	
Name of Federal Candidate <u>BILLY LONG</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>7</u> State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought <u>136.51</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 22.18

(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 \_\_\_\_\_

2010-10-28 00:11:10

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

PAGE 5 OF 5  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>MISSOURI RIGHT TO LIFE FEDERAL</u> <u>POLITICAL ACTION COMMITTEE</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00157958</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on \_\_\_\_\_

Full Name of Payee <u>U.S. Postal Service</u>		Date of Public Distribution/Dissemination <u>10</u> / <u>17</u> / <u>2016</u>	
Mailing Address <u>131 W. HIGH ST RM 104</u>		Amount <u>11.09</u>	
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65101</u>	Date of Disbursement or Obligation <u>10</u> / <u>14</u> / <u>2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>		Category/Type <u>004</u>	
Name of Federal Candidate <u>JASON SMITH</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>8</u> State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <u>136.51</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name of Payee <u>U.S. Postal Service</u>		Date of Public Distribution/Dissemination <u>10</u> / <u>17</u> / <u>2016</u>	
Mailing Address <u>131 W. HIGH ST RM 104</u>		Amount <u>303.00</u>	
City <u>Jefferson City</u>	State <u>MO</u>	Zip Code <u>65101</u>	Date of Disbursement or Obligation <u>10</u> / <u>14</u> / <u>2016</u>
Purpose of Expenditure <u>Postage on Newsletter</u>		Category/Type <u>004</u>	
Name of Federal Candidate <u>Hillary Clinton</u>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <u>303.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... 314.09

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... 838.46

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 Skrin  
 Signature

Date 10 / 26 / 2016

2010-10-28 10:00 AM



Federal Election Commission  
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PREPARER

10/28/16

DATE PREPARED

(3/2015)

2016-10-28 10:00:00