

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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

C00157958

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly 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
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

16

2008

through

11

24

2008

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 Zimmerman

Signature of Treasurer

Electronically Filed by Chelsea Zimmerman

Date

12

04

2008

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)

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:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		442.78
(b) Cash on Hand at Beginning of Reporting Period	442.78	
(c) Total Receipts (from Line 19)	40045.00	40045.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40487.78	40487.78
7. Total Disbursements (from Line 31)	44066.42	44066.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-3578.64	-3578.64
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	2133.25	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ 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:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

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	35100.00	35100.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1345.00	1345.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	36445.00	36445.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	36445.00	36445.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	3600.00	3600.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40045.00	40045.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40045.00	40045.00

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) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	754.72	754.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	754.72	754.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	43311.70	43311.70
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44066.42	44066.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44066.42	44066.42

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)	36445.00	36445.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36445.00	36445.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	754.72	754.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	3600.00	3600.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-2845.28	-2845.28

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

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

FOR LINE NUMBER: PAGE 6 / 32

(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

A.

Full Name (Last, First, Middle Initial)

Donald Carmody

Mailing Address 9 Picardy Lane

City

St. Louis

State

MO

Zip Code

63124-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carmody, McDonald, P.C.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4113

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Patricia Carmody

Mailing Address 9 Picardy Lane

City

St. Louis

State

MO

Zip Code

63124-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patricia Carmody Interiors

Occupation
Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4114

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William Francis

Mailing Address 52 Woodoaks

City

St. Louis

State

MO

Zip Code

63124-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested Information

Occupation
NA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.4115

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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:
(check only one)

PAGE 7 / 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Missouri Right to Life Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey W. Martin

Mailing Address 922 Delvin Dr.

City

St. Louis

State

MO

Zip Code

63141-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Care of St. Louis

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4116

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Stephen Notestine

Mailing Address 1825 S. Mason Rd.

City

St. Louis

State

MO

Zip Code

63131-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quadrant Properties

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4117

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Thomas E. Reh

Mailing Address 9850 Waterbury Dr.

City

St. Louis

State

MO

Zip Code

63124-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Health Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4118

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

7600.00

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 8 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Missouri Right to Life Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Deanie S. Reis

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
None

Occupation
Mother

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4119

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

James Sansone

Mailing Address 6Radnor

City

Des Peres

State

MO

Zip Code

63131

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Sansone Group

Occupation
Commercial Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4120

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Timothy Sansone

Mailing Address 66 Berkshire Dr.

City

St. Louis

State

MO

Zip Code

63117-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Sansone Group

Occupation
Commercial Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4121

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

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 9 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Missouri Right to Life Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donald Schlappizzi

Mailing Address 9976 Old Warson Rd.

City

St. Louis

State

MS

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schlappizzi, Attorney At
Law

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

M. Lee Suarez

Mailing Address 37 Upper Ladue Rd.

City

St. Louis

State

MO

Zip Code

63124-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fontbonne University

Occupation
Lecturer, Mother

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4123

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

35100.00

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

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

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Missouri Right to Life Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Missouri Right to Life

Mailing Address 621 E. McCarty St.

City

Jefferson City

State

MO

Zip Code

65101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA15.4258

Amount of Each Receipt this Period

3600.00

Refund

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

3600.00

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)

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<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

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NAME OF COMMITTEE (In Full)

Missouri Right to Life Federal Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MRL

Mailing Address 621 E East McCarty St.

City State Zip Code
Jefferson City MO 65101

Purpose of Disbursement
Copier Usage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4265

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

355.90

SUBTOTAL of Disbursements This Page (optional)

355.90

TOTAL This Period (last page this line number only)

355.90

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 / 32

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
SAMUEL B 'SAM' GRAVESNature of Debt (Purpose):
Purchase of Mailing List

Mailing Address 110 SOUTH 10TH

City State ZIP Code
TARKIO MO 64491

Outstanding Balance Beginning This Period

1087.00

Transaction ID: SD9.4211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1087.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Catholic KeyNature of Debt (Purpose):
Advertising

Mailing Address P O Box 419037

City State ZIP Code
Kansas City MO 64141

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9.4213

Amount Incurred This Period

1046.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

1046.25

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

2133.25

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

2133.25

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

0.00

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

2133.25

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

PAGE 13 / 32

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Brown Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 411 Madison St.		Amount 246.45	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4187	
Purpose of Expenditure Printing-Advertising		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		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 36490.83		2008	
Full Name (Last, First, Middle, Initial) of Payee Brown Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 411 Madison St.		Amount 246.45	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4188	
Purpose of Expenditure Printing-Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM TODD AKIN		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 353.60		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		492.90	
(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.			
Chelsea Zimmerman Signature		Date MM / DD / YYYY 12 / 04 / 2008	

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

PAGE 14 / 32

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Brown Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 411 Madison St.		Amount 246.46	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4190	
Purpose of Expenditure Printing Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER S SANDER		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 460.76		2008	
Full Name (Last, First, Middle, Initial) of Payee Brown Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 411 Madison St.		Amount 246.46	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4191	
Purpose of Expenditure Printing Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEFFREY RICHARD PARNELL		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 707.22		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		492.92	
(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.			
Chelsea Zimmerman Signature		Date MM / DD / YYYY 12 / 04 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Brown Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 411 Madison St.		Amount 246.46	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4192	
Purpose of Expenditure Printing Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACOB TURK		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 353.60		2008	
Full Name (Last, First, Middle, Initial) of Payee Brown Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 411 Madison St.		Amount 246.46	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4193	
Purpose of Expenditure Printing Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SAMUEL B 'SAM' GRAVES		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 353.59		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		492.92	
(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.			
Chelsea Zimmerman Signature		Date MM / DD / YYYY 12 / 04 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Co- mmittee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157958 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Brown Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 411 Madison St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">246.46</div>	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4194	
Purpose of Expenditure Printing Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/ Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLAINE LEUTKEMEYER		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		2008	
Full Name (Last, First, Middle, Initial) of Payee Kingery Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address P O Box 727		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1924.79</div>	
City State Zip Code Effingham IL 62401-0727		Transaction ID: SE.4197	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		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		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">2171.25</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
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.			
Chelsea Zimmerman Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kingery Printing		Date M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 8	
Mailing Address P O Box 727		Amount 137.48	
City State Zip Code Effingham IL 62401-0727		Transaction ID: SE.4198	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM TODD AKIN		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		2008	
Full Name (Last, First, Middle, Initial) of Payee Kingery Printing		Date M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 8	
Mailing Address P O Box 727		Amount 137.48	
City State Zip Code Effingham IL 62401-0727		Transaction ID: SE.4199	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER S SANDER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		274.96	
(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.			
Chelsea Zimmerman Signature		Date M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kingery Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address P O Box 727		Amount 137.49	
City State Zip Code Effingham IL 62401-0727		Transaction ID: SE.4201	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACOB TURK		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 491.09		2008	
Full Name (Last, First, Middle, Initial) of Payee Kingery Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address P O Box 727		Amount 962.39	
City State Zip Code Effingham IL 62401-0727		Transaction ID: SE.4202	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SAMUEL B 'SAM' GRAVES		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 1315.98		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		1099.88	
(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.			
Chelsea Zimmerman Signature		Date MM / DD / YYYY 12 / 04 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kingery Printing		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address P O Box 727		Amount 962.39	
City State Zip Code Effingham IL 62401-0727		Transaction ID: SE.4203	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLAINE LEUTKEMEYER		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 1682.56		2008	
Full Name (Last, First, Middle, Initial) of Payee Kirkville Daily Express		Date MM / DD / YYYY 10 / 24 / 2008	
Mailing Address 110 E. McPherson		Amount 177.19	
City State Zip Code Kirkville MO 63501		Transaction ID: SE.4167	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		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 368.01		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		1139.58	
(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.			
Chelsea Zimmerman Signature		Date MM / DD / YYYY 12 / 04 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00157958</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee Kirksville Daily Express			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 110 E. McPherson			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">177.19</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Kirksville</div> <div>State MO</div> <div>Zip Code 63501</div> </div>			Transaction ID: SE.4168 Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate supported or Opposed by expenditure: BLAINE LEUTKEMEYER			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">368.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee KMOV-TV			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address One Memorial Dr.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8500.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City St. Louis</div> <div>State MO</div> <div>Zip Code 63102</div> </div>			Transaction ID: SE.4178 Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8973.71</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8677.19</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>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.</p>				
Chelsea Zimmerman _____ Signature			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C C00157958</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee KSDK-TV		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1000 Market St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12150.00</div>	
City State Zip Code St. Louis MO 63101		Transaction ID: SE.4183	
Purpose of Expenditure Advertesing		Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">28973.71</div>		2008	

Full Name (Last, First, Middle, Initial) of Payee KSHB-TV		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 4720 Oak St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7850.00</div>	
City State Zip Code Kansas City MO 64112		Transaction ID: SE.4181	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">16823.71</div>		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">20000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Chelsea Zimmerman
 Signature

Date

M M
1 2

D D
0 4

Y Y Y Y
2 0 0 8

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee KTVI-TV		Date MM / DD / YYYY 11 / 02 / 2008	
Mailing Address 5915 Berthold Ave.		Amount 7200.00	
City State Zip Code St. Louis MO 63101		Transaction ID: SE.4185	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		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 36173.71		2008	
Full Name (Last, First, Middle, Initial) of Payee Milan Standard		Date MM / DD / YYYY 10 / 24 / 2008	
Mailing Address 105 S. Market St.		Amount 105.70	
City State Zip Code Milan MO 63556		Transaction ID: SE.4171	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		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 473.71		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		7305.70	
(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.			
Chelsea Zimmerman Signature		Date MM / DD / YYYY 12 / 04 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Milan Standard		Date MM / DD / YYYY 10 / 24 / 2008	
Mailing Address 105 S. Market St.		Amount 105.71	
City State Zip Code Milan MO 63556		Transaction ID: SE.4172	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLAINE LEUTKEMEYER		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 473.71		2008	
Full Name (Last, First, Middle, Initial) of Payee Nemo Trader		Date MM / DD / YYYY 11 / 11 / 2008	
Mailing Address 506 W. Potter		Amount 70.67	
City State Zip Code Kirksville MO 63501		Transaction ID: SE.4174	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		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 36244.38		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		176.38	
(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.			
Chelsea Zimmerman Signature		Date MM / DD / YYYY 12 / 04 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nemo Trader		Date MM / DD / YYYY 11 / 11 / 2008	
Mailing Address 506 W. Potter		Amount 70.67	
City State Zip Code Kirkville MO 63501		Transaction ID: SE.4175	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLAINE LEUTKEMEYER		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 70.67		2008	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postal Service		Date MM / DD / YYYY 10 / 16 / 2008	
Mailing Address 131 W. High		Amount 92.86	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4136	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		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 92.86		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		163.53	
(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.			
Chelsea Zimmerman Signature		Date MM / DD / YYYY 12 / 04 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C C00157958</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postal Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 131 W. High		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4139	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM TODD AKIN		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>		2008	

Full Name (Last, First, Middle, Initial) of Payee U.S. Postal Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 131 W. High		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4141	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER S SANDER		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">185.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Chelsea Zimmerman
 Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C C00157958</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postal Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 131 W. High		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4145	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEFFREY RICHARD PARNELL		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">185.72</div>		2008	

Full Name (Last, First, Middle, Initial) of Payee U.S. Postal Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 131 W. High		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4147	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACOB TURK		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">185.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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.

Chelsea Zimmerman
 Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157958 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postal Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 131 W. High		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">92.85</div>	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4150	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SAMUEL B 'SAM' GRAVES		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">92.85</div>		2008	

Full Name (Last, First, Middle, Initial) of Payee U.S. Postal Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 131 W. High		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>	
City State Zip Code Jefferson City MO 65101		Transaction ID: SE.4152	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLAINE LEUTKEMEYER		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">92.86</div>		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">185.71</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Chelsea Zimmerman
 Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee			FEC IDENTIFICATION NUMBER C C00157958		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee Unionville Republican			Date MM / DD / YYYY 10 / 24 / 2008		
Mailing Address 111 S. 16th			Amount 83.67		
City State Zip Code Unioncillw MO 63565			Transaction ID: SE.4163		
Purpose of Expenditure Advertising			Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Category/Type 004			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN			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 190.82			2008		
Full Name (Last, First, Middle, Initial) of Payee Unionville Republican			Date MM / DD / YYYY 10 / 24 / 2008		
Mailing Address 111 S. 16th			Amount 83.67		
City State Zip Code Unioncillw MO 63565			Transaction ID: SE.4164		
Purpose of Expenditure Advertising			Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential		
Category/Type 004			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure: BLAINE LEUTKEMEYER			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 190.81			2008		
(a) SUBTOTAL of Itemized Independent Expenditures			167.34		
(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.					
Chelsea Zimmerman Signature			Date MM / DD / YYYY 12 / 04 / 2008		

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER C C00157958	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UPS		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address Lock Box 577		Amount 14.29	
City State Zip Code Carol Stream IL 60132		Transaction ID: SE.4154	
Purpose of Expenditure Shipping-Advertising		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		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 107.15		2008	

Full Name (Last, First, Middle, Initial) of Payee UPS		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address Lock Box 577		Amount 14.29	
City State Zip Code Carol Stream IL 60132		Transaction ID: SE.4155	
Purpose of Expenditure Shipping-Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM TODD AKIN		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 107.15		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	28.58
(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.

Chelsea Zimmerman
Signature

Date MM / DD / YYYY
12 / 04 / 2008

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157958 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UPS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 1</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address Lock Box 577		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.29</div>	
City State Zip Code Carol Stream IL 60132		Transaction ID: SE.4156	
Purpose of Expenditure Shipping-Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER S SANDER		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">200.01</div>		2008	

Full Name (Last, First, Middle, Initial) of Payee UPS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 1</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address Lock Box 577		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.29</div>	
City State Zip Code Carol Stream IL 60132		Transaction ID: SE.4157	
Purpose of Expenditure Shipping-Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEFFREY RICHARD PARNELL		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">214.30</div>		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">28.58</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Chelsea Zimmerman
 Signature

Date

M 1 2

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Y 2 0 0 8

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157958 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UPS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 21</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address Lock Box 577		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.28</div>	
City State Zip Code Carol Stream IL 60132		Transaction ID: SE.4158	
Purpose of Expenditure Shipping-Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACOB TURK		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		<div style="border: 1px solid black; padding: 2px; text-align: right;">2008</div>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">107.14</div>			
Full Name (Last, First, Middle, Initial) of Payee UPS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 21</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address Lock Box 577		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.28</div>	
City State Zip Code Carol Stream IL 60132		Transaction ID: SE.4159	
Purpose of Expenditure Shipping-Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SAMUEL B 'SAM' GRAVES		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		<div style="border: 1px solid black; padding: 2px; text-align: right;">2008</div>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">107.13</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">28.56</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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.			
Chelsea Zimmerman Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Right to Life Federal Political Action Co- mmittee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157958 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Full Name (Last, First, Middle, Initial) of Payee UPS		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.28</div>	
Mailing Address Lock Box 577		Transaction ID: SE.4160	
City Carol Stream	State IL	Zip Code 60132	Office Sought: <input checked="" type="checkbox"/> House State: <u>MO</u> <input type="checkbox"/> Senate District: <u>09</u> <input type="checkbox"/> Presidential
Purpose of Expenditure Shipping-Advertising		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>
Name of Federal Candidate supported or Opposed by expenditure: BLAINE LEUTKEMEYER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">107.14</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">14.28</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">43311.70</div>
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.	
Chelsea Zimmerman _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>