



Staff <office@artlaction.com> on 12/20/2007 11:22:20 PM

To: 2022190174@fcc.gov
cc: "Craig Fisher" <craigcfisher@gmail.com>, "Steve Curtis" <lifecommercials@hotmail.com>, "Mario D. Nicolais" <mnicolais@hackstaffgessler.com>

Subject: American Right To Life Action first filing of FEC Form 9

To whom it may concern:

The attached pdf file contains our first FEC Form 9 filing.

Thank you!

Steve Curtis
President



American Right To Life Action ARTLAFecfrm9.pdf

27039574318

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name American Right To Life Action

(b) Address (number and street) check if different than previously reported
1535 Grant Street #303

(c) City, State and ZIP Code
Denver, CO 80203

(d) Name of Employer or Principal Place of Business
n/a

(e) Occupation
n/a

2. FEC Identification Number
C

3. Is This Statement New or Amended

4. Covering Period 12 17 2007 through 12 18 2007

5. (a) Date of Public Distribution(s) 12 19 2007 (b) Communication Title Romney Fairytale

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107? Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Steve Curtis

(b) Address (number and street)
9180 Owl Lake Drive

(c) City, State and ZIP Code
Firestone, CO 80504

(d) Name of Employer or Principal Place of Business
Self-employed

(e) Occupation
Financial Consultant

9. Total Donations This Statement 11,832.00

10. Total Disbursements/Obligations This Statement 11,832.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Steve Curtis

SIGNATURE

Steve Curtis

DATE

12-20-07

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

27039574319

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name Steve Curtis
 (b) Address (number and street) 9180 Owl Lake Drive
 (c) City, State and ZIP Code Firestone, CO 80504
 (d) Name of Employer or Principal Place of Business Self-employed (e) Occupation Financial Consultant

B. (a) Name Brian Rohrbough
 (b) Address (number and street) 21324 Colonist Way
 (c) City, State and ZIP Code Morrison, CO 80465
 (d) Name of Employer or Principal Place of Business Self-employed (e) Occupation Home Audio Video

C. (a) Name Jennifer Enyart
 (b) Address (number and street) 2764 E 139th Ave
 (c) City, State and ZIP Code Thornton CO 80602
 (d) Name of Employer or Principal Place of Business Travelers Insurance (e) Occupation Database Designer

D. (a) Name Craig Fisher
 (b) Address (number and street) 1102 City Springs Road
 (c) City, State and ZIP Code Rapid City, SD 57702
 (d) Name of Employer or Principal Place of Business Ketel Thorstenson, LLP (e) Occupation CPA

E. (a) Name _____
 (b) Address (number and street) _____
 (c) City, State and ZIP Code _____
 (d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor <i>Constance Annette Sharin</i></p> <p>Mailing Address of Donor <i>6116 Coors Way</i></p> <p>City State Zip <i>Arvada CO 80004</i></p>	<p>Date of Receipt <i>12 17 2007</i></p> <p>Amount <i>11,832.00</i></p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 9)

11,832.00

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Walter Bennett Communications				Date of Disbursement or Obligation 12 17 2007	
Mailing Address of Payee 1787 Sentry Parkway West Bldg 16 Suite 220				Amount 11,832.00	
City Blue Bell	State PA	Zip Code 19422	Communication Date 12 19 2007		
Name of Employer n/a		Occupation n/a			
Purpose of Disbursement (Including title(s) of communication(s)) To air 60-second TV ad in Iowa on cable: Romney Fairytale					
Name of Federal Candidate Mitt Romney		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City		State		Zip Code	
Name of Employer		Occupation		Communication Date	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				11,832.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				11,832.00	

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Web form #150</i>	Date of Receipt or Postmarked

JMN
 PREPARER

12/21/07
 DATE PREPARED

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