



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From: 07 01 2008

To: 09 30 2008

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, 2008	44278	
(b) Cash on Hand at Beginning of Reporting Period.....	2727.42	
(c) Total Receipts (from Line 19).....	14,749.00	17,199.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17,476.42	17,641.78
<hr/>		
7. Total Disbursements (from Line 31).....	12,490.24	12,655.60
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,986.18	4,986.18
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	1,087.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on 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

28039862334

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: **07 / 01 / 2008**

To: **09 / 30 / 2008**

**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).....

2,300.00

3,050.00

(ii) Unitemized.....

12,449.00

14,149.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

14,749.00

17,199.00

(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).....▶

14,749.00

17,199.00

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

60

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)).....▶

14,749.00

17,199.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

14,749.00

17,199.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

28039862336

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 .....	11,300.51	11,465.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11,300.51	11,465.87
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).....	1,189.73	1,189.73
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements .....	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12,490.24	12,655.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12,490.24	12,655.60

**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) .....	14,749.00	17,199.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14,749.00	17,199.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11,300.51	11,465.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11,300.51	11,465.87

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

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

FOR LINE NUMBER: PAGE / OF 2

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

Missouri Right to Life Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Francis, William		Date of Receipt 07/16/2008
Mailing Address 52 WOODOAKS Trl.		Amount of Each Receipt this Period 500.00
City St. Louis	State Zip Code MO 63124-1159	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Requested Info	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HOOKER, CHARLES		Date of Receipt 07/14/2008
Mailing Address 1344 VISTA CAMPO		Amount of Each Receipt this Period 500.00
City JEFFERSON CITY	State Zip Code MO 65109-9766	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KEINATH, PAULA		Date of Receipt 09/09/2008
Mailing Address 12342 Creekhaven Dr.		Amount of Each Receipt this Period 300.00
City St. Louis	State Zip Code MO 63131-3825	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00
Name of Employer Requested Info	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	1,300.00
TOTAL This Period (last page this line number only).....	

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**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
*Missouri Right to Life Federal Political Action Committee*

**A.** Full Name (Last, First, Middle Initial)  
*Pautler, Richard*

Mailing Address  
*773 Chain Ridge Rd*

City *St. Louis* State *MO* Zip Code *63122-3258*

FEC ID number of contributing federal political committee. *C*

Name of Employer  
*Requested Info* Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*250.00*

Date of Receipt  
*08 / 19 / 2008*

Amount of Each Receipt this Period  
*250.00*

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

*250.00*

*1,550.00*

28039862339

**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 3

<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*

Full Name (Last, First, Middle Initial)

A. **U.S. POSTAL SERVICE**

Date of Disbursement

07 / 08 / 2008

Mailing Address

131 W. HIGH

City State Zip Code  
JEFFERSON CITY MO 65101

Purpose of Disbursement

POSTAGE

003  
Category/  
Type

Amount of Each Disbursement this Period

162.50

Candidate Name

MULTI

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. **U.S. POSTAL SERVICE**

Date of Disbursement

07 / 15 / 2008

Mailing Address

131 W. HIGH

City State Zip Code  
JEFFERSON CITY MO 65101

Purpose of Disbursement

POSTAGE

003  
Category/  
Type

Amount of Each Disbursement this Period

162.50

Candidate Name

MULTI

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. **BROWN PRINTING**

Date of Disbursement

07 / 26 / 2008

Mailing Address

411 MADISON ST.

City State Zip Code  
JEFFERSON CITY MO 65101

Purpose of Disbursement

PRINTING - FUND RAISING

003  
Category/  
Type

Amount of Each Disbursement this Period

749.01

Candidate Name

MULTI

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1074.01

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

28039862340



**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 2 OF 3

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)

*Missouri Right to Life Federal Political Action Committee*

Full Name (Last, First, Middle Initial)

A. <i>Brown Printing</i>		Date of Disbursement
Mailing Address <i>411 Madison St.</i>		<i>08' 12' 2008</i>
City <i>Jefferson City</i>	State <i>MO</i>	Amount of Each Disbursement this Period <i>786.03</i>
Zip Code <i>65101</i>	Category/Type <i>003</i>	
Purpose of Disbursement <i>Printing of Fund Raising</i>		
Candidate Name <i></i>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. <i>MDS COMMUNICATIONS</i>		Date of Disbursement
Mailing Address <i>545 W. JUANITA AVE</i>		<i>09' 02' 2008</i>
City <i>MESA</i>	State <i>AZ</i>	Amount of Each Disbursement this Period <i>1,410.80</i>
Zip Code <i>85216</i>	Category/Type <i>003</i>	
Purpose of Disbursement <i>FUND RAISING</i>		
Candidate Name <i>MULTI</i>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. <i>MDS COMMUNICATIONS</i>		Date of Disbursement
Mailing Address <i>545 W. JUANITA AVE</i>		<i>09' 09' 2008</i>
City <i>MESA</i>	State <i>AZ</i>	Amount of Each Disbursement this Period <i>1,971.23</i>
Zip Code <i>85216</i>	Category/Type <i>003</i>	
Purpose of Disbursement <i>FUND RAISING</i>		
Candidate Name <i>MULTI</i>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

*4,168.06*

28039862341

**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 **3** OF **3**

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

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NAME OF COMMITTEE (In Full)

*Missouri Right to Life Federal Political Action Committee*

Full Name (Last, First, Middle Initial)

A. <b>MRL</b>		Date of Disbursement
Mailing Address <b>P.O. BOX 651</b>		<b>08 / 01 / 2008</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	Zip Code <b>65102</b>
Purpose of Disbursement <b>SALARIES</b>	Category/ Type <b>001</b>	Amount of Each Disbursement this Period <b>2785.69</b>
Candidate Name <b>MULTI</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

B. <b>MRL</b>		Date of Disbursement
Mailing Address <b>PO BOX 651</b>		<b>09 / 09 / 2008</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	Zip Code <b>65102</b>
Purpose of Disbursement <b>SALARIES</b>	Category/ Type <b>001</b>	Amount of Each Disbursement this Period <b>2847.32</b>
Candidate Name <b>MULTI</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

C. <b>U.S. POSTAL SERVICE</b>		Date of Disbursement
Mailing Address <b>131 W. HIGH</b>		<b>09 / 30 / 2008</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	Zip Code <b>65101</b>
Purpose of Disbursement <b>POSTAGE - FUND RAISING</b>	Category/ Type <b>003</b>	Amount of Each Disbursement this Period <b>312.50</b>
Candidate Name <b>MULTI</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

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

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

**5,945.51**  
**1,187.58**

28039862342

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE / OF /
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

NAME OF COMMITTEE (In Full)  
*Missouri Right to Life Federal Political Action Committee*

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement 07 / 15 / 2008
Mailing Address 131 W. HIGH		Amount of Each Disbursement this Period 285.24
City JEFFERSON CITY	State MO	
Zip Code 65101	Purpose of Disbursement POSTAGE - NEWSLETTER	Category/ Type 004
Candidate Name MULTI	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brown Printing</b>		Date of Disbursement 07 / 26 / 2008
Mailing Address 411 Madison St.		Amount of Each Disbursement this Period 904.49
City JEFFERSON CITY	State MO	
Zip Code 65101	Purpose of Disbursement Printing - NEWSLETTER	Category/ Type 004
Candidate Name MULTI	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....▶	1,189.73
TOTAL This Period (last page this line number only).....▶	1,189.73

28039862343

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

NAME OF COMMITTEE (In Full)  
*Missouri Right to Life Federal Political Action Committee*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>GRAVES, SAM</i>	Nature of Debt (Purpose):
Mailing Address <i>6500 TOWER</i>	
City State Zip Code <i>KANSAS CITY MO 65152</i>	

Outstanding Balance Beginning This Period <i>1,087.00</i>	Amount Incurred This Period <i>00</i>	Payment This Period <i>00</i>	Outstanding Balance at Close of This Period <i>1,087.00</i>
--	--	----------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

1) SUBTOTALS This Period This Page (optional).....▶	<i>1,087.00</i>
2) TOTALS This Period (last page this line number only).....▶	<i>1,087.00</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<i>.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<i>1,087.00</i>

28039862344

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

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C 00137958</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

28039862345

Full Name (Last, First, Middle Initial) of Payee <b>U.S. POSTAL SERVICE</b>			Date <b>07 / 15 / 2008</b>
Mailing Address <b>131 W. HIGH</b>			Amount <b>3566</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	Zip Code <b>65101</b>	
Purpose of Expenditure <b>POSTAGE - NEWSLETTER</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MO</b> District: <b>2</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>3566</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>U. S. POSTAL SERVICE</b>			Date <b>07 / 15 / 2008</b>
Mailing Address <b>131 W. HIGH</b>			Amount <b>3566</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	Zip Code <b>65101</b>	
Purpose of Expenditure <b>POSTAGE - NEWSLETTER</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MO</b> District: <b>2</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DAVID PENTLAND</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>3566</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>1,189.73</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures .....	<b>1,189.73</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patricia M. Skain  
Signature

Date **10 / 14 / 2008**

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

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C 00137958</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

28039862346

Full Name (Last, First, Middle Initial) of Payee <b>U.S. POSTAL SERVICE</b>		Date <b>07</b> / <b>15</b> / <b>2008</b>
Mailing Address <b>131 W. HIGH</b>		Amount <b>3566</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>POSTAGE - NEWSLETTER</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>3</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN WAYNE TUCKER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3566</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>U.S. POSTAL SERVICE</b>		Date <b>07</b> / <b>15</b> / <b>2008</b>
Mailing Address <b>131 W. HIGH</b>		Amount <b>3566</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	
Zip Code <b>65101</b>		
Purpose of Expenditure <b>POSTAGE - NEWSLETTER</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>4</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JEFF PARNELL</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3566</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <input type="text"/>
(c) TOTAL Independent Expenditures .....	▶ <input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patricia M. Skain  
Signature

Date **10** / **14** / **2008**

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

NAME OF COMMITTEE (In Full) <b>MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C 00137958</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

28039862347

Full Name (Last, First, Middle Initial) of Payee <b>U.S. POSTAL SERVICE</b>		Date <b>07 / 15 / 2008</b>
Mailing Address <b>131 W. HIGH</b>		Amount <b>3566</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	Zip Code <b>65101</b>
Purpose of Expenditure <b>POSTAGE - NEWSLETTER</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>5</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JACOB TURK</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3566</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>U.S. POSTAL SERVICE</b>		Date <b>07 / 15 / 2008</b>
Mailing Address <b>131 W. HIGH</b>		Amount <b>3565</b>
City <b>JEFFERSON CITY</b>	State <b>MO</b>	Zip Code <b>65101</b>
Purpose of Expenditure <b>POSTAGE - NEWSLETTER</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>6</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SAM GRAVES</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3565</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patricia M. Skain  
Signature

Date **10 / 14 / 2008**

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C 00137958
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 MM ' DD ' YYYY 07 ' 15 ' 2008	
Mailing Address 131 W. HIGH		Amount 3565	
City JEFFERSON CITY	State MO	Zip Code 65101	
Purpose of Expenditure POSTAGE - NEWSLETTER	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 9
Name of Federal Candidate Supported or Opposed by Expenditure: BLAINE LUETKEMEYER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3565		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee U.S. POSTAL SERVICE		Date MM ' DD ' YYYY 07 ' 15 ' 2008	
Mailing Address 131 W. HIGH		Amount 3565	
City JEFFERSON CITY	State MO	Zip Code 65101	
Purpose of Expenditure POSTAGE - NEWSLETTER	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 9
Name of Federal Candidate Supported or Opposed by Expenditure: LYNDON BODE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3565		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	[ ]
(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. Skain  
Signature

Date MM ' DD ' YYYY  
10 ' 14 ' 2008

28039862348



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

NAME OF COMMITTEE (In Full) <i>Missouri Right to Life Federal Political Action Committee</i>	FEC IDENTIFICATION NUMBER <u>C</u>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>BROWN PRINTING</b>	Date MM/DD/YYYY <b>07/26/2008</b>
Mailing Address <b>411 MADISON ST.</b>	Amount <b>113.06</b>
City State Zip Code <b>JEFFERSON CITY MO 65101</b>	
Purpose of Expenditure <b>PRINTING - NEWSLETTER</b>	Category/Type <b>004</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TODD AKIN</b>	
Calendar Year-To-Date Per Election for Office Sought <b>148.72</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: <u>2</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>BROWN PRINTING</b>	Date MM/DD/YYYY <b>07/26/2008</b>
Mailing Address <b>411 MADISON ST.</b>	Amount <b>113.06</b>
City State Zip Code <b>JEFFERSON CITY MO 65101</b>	
Purpose of Expenditure <b>PRINTING - NEWSLETTER</b>	Category/Type <b>004</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DAVID PENTLAND</b>	
Calendar Year-To-Date Per Election for Office Sought <b>148.72</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: <u>2</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶
(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. Skain*  
Signature

Date MM/DD/YYYY **10/14/2008**

28039862349

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

NAME OF COMMITTEE (In Full) <i>Missouri Right to Life Federal Political Action Committee</i>	FEC IDENTIFICATION NUMBER <i>C</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>BROWN PRINTING</i>		Date <i>07/26/2008</i>
Mailing Address <i>411 MADISON ST.</i>		Amount <i>113.06</i>
City <i>JEFFERSON CITY</i>	State <i>MO</i>	
Purpose of Expenditure <i>PRINTING - NEWSLETTER</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>3</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>JOHN WAYNE TUCKER</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>148.72</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>BROWN PRINTING</i>		Date <i>07/26/2008</i>
Mailing Address <i>411 MADISON ST.</i>		Amount <i>113.06</i>
City <i>JEFFERSON CITY</i>	State <i>MO</i>	
Purpose of Expenditure <i>PRINTING - NEWSLETTER</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MO</i> District: <i>4</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>JEFF PARNELL</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>148.72</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶
(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. Skarin*  
\_\_\_\_\_  
Signature

Date *10/14/2008*

28039862350

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

NAME OF COMMITTEE (In Full) <i>Missouri Right to Life Federal Political Action Committee</i>	FEC IDENTIFICATION NUMBER <u>C</u>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>BROWN PRINTING</b>	Date MM/DD/YYYY <b>07/26/2008</b>
Mailing Address <b>411 MADISON ST.</b>	Amount <b>113.06</b>
City State Zip Code <b>JEFFERSON CITY MO 65101</b>	
Purpose of Expenditure <b>PRINTING - NEWSLETTER</b>	Category/Type <b>004</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JACOB TURK</b>	
Calendar Year-To-Date Per Election for Office Sought <b>148.72</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: <u>5</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>BROWN PRINTING</b>	Date MM/DD/YYYY <b>07/26/2008</b>
Mailing Address <b>411 MADISON ST.</b>	Amount <b>113.06</b>
City State Zip Code <b>JEFFERSON CITY MO 65101</b>	
Purpose of Expenditure <b>PRINTING - NEWSLETTER</b>	Category/Type <b>004</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SAM GRAVES</b>	
Calendar Year-To-Date Per Election for Office Sought <b>148.71</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: <u>6</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶
(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. Skain*  
Signature

Date MM/DD/YYYY **10/14/2008**

28039862351



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.

28039862353

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>10/14/08</i>
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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jms</i> PREPARER	<i>10/15/08</i> DATE PREPARED