



"ARTL Action" <office@artlaction.com> on 02/25/2008 02:43:10 PM

To: 2022190174@fec.gov

cc:

Subject: ARTL Action amending 1-10-08 form 9 filing to now indicate Disbursement For: SC Primary

Thank you!

Steve Curtis



ARTL Action ARTLA FEC Form 9 20080110 amended 20080225.pdf

28039643415

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 <u>American Right To Life Action</u>	
(b) Address (number and street) <input type="checkbox"/> Check if different than previously reported <u>1535 Grant Street #303</u>	2. FEC Identification Number <u>C</u>
(c) City, State and ZIP Code <u>Denver, CO 80203</u>	
(d) Name of Employer or Principal Place of Business <u>n/a</u>	(e) Occupation <u>n/a</u>
3. Is This Statement <input type="checkbox"/> New <input checked="" type="checkbox"/> Amended	
4. Covering Period <u>01 09 2008</u> through <u>01 12 2008</u>	
5. (a) Date of Public Distribution(s) <u>01 12 2008</u> (b) Communication Title <u>Ramney Fairytale SC</u>	
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8. Custodian of Records	
(a) Name <u>Steve Curtis</u>	
(b) Address (number and street) <u>9180 Owl Lake Drive</u>	
(c) City, State and ZIP Code <u>Firestone CO 80504</u>	
(d) Name of Employer or Principal Place of Business <u>Self-employed</u>	(e) Occupation <u>Financial Consultant</u>
9. Total Donations This Statement <u>12,900.00</u>	
10. Total Disbursements/Obligations This Statement <u>11,635.00</u>	

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

2-25-08

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

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

PAGE 2 OF 4

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	(e) Occupation
Self-employed	Financial Consultant
B. (a) Name	
Brian Rohrbaugh	
(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	(e) Occupation
Self-employed	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	(e) Occupation
Travelers Insurance	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	(e) Occupation
Ketel Thorstenson, LLP	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

SCHEDULE 9-A
Donation(s) Received

PAGE **3** OF **4**

A. Full Name of Donor

Richard Gramm

Mailing Address of Donor

3529 Fir Rd

City

Bremen

State

IN

Zip

46506

Date of Receipt

12 26 2007

Amount

5,000.00

B. Full Name of Donor

Richard Gramm

Mailing Address of Donor

3529 Fir Rd

City

Bremen

State

IN

Zip

46506

Date of Receipt

01 02 2008

Amount

5,000.00

C. Full Name of Donor

Constance Annette Sharin

Mailing Address of Donor

6116 Coors Way

City

Arvada

State

CO

Zip

80004

Date of Receipt

01 09 2008

Amount

1,400.00

D. Full Name of Donor

Anthony M. Robinson

Mailing Address of Donor

1187 Country Club Circle

City

Birmingham

State

AL

Zip

35244

Date of Receipt

01 10 2008

Amount

1,500.00

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

12,900.00

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

12,900.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **4** OF **4**

A. Full Name (Last, First, Middle Initial) of Payee <u>Walter Bennett Communications</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">01 09 2008</div>	
Mailing Address of Payee <u>1787 Sentry Parkway West Bldg 16 Ste 220</u>				Amount <div style="border: 1px solid black; padding: 2px;">11635.00</div>	
City <u>Blue Bell</u>		State <u>PA</u>		Zip Code <u>19422</u>	
Name of Employer <u>n/a</u>		Occupation <u>n/a</u>		Communication Date <div style="border: 1px solid black; padding: 2px;">01 12 2008</div>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>To air 60-sec TV ad in S. Carolina on cable: Romney Fairytale SC</u>					
Name of Federal Candidate <u>Mitt Romney</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input checked="" 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		State: _____ District: _____ 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		State: _____ District: _____ 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 _____					
Mailing Address of Payee _____					
City _____		State _____		Zip Code _____	
Name of Employer _____		Occupation _____		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> </div>	
Amount <div style="border: 1px solid black; padding: 2px;"> </div>					
Communication Date <div style="border: 1px solid black; padding: 2px;"> </div>					
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		State: _____ District: _____ 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		State: _____ District: _____ 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		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">11635.00</div>					

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
<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 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>E-mail</i>	Date of Receipt or Postmarked <i>2/25/08</i>

 PREPARER (3/2005)	<i>2/25/08</i> DATE PREPARED
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