

"ARTL Action" <office@artlaction.com> on 02/08/2008 07:08:19 PM

To:

2022190174@fec.gov

cc:

Subject: ARTL Action amending 12-20-07 form 9 filing to now indicate Disbursement For: Iowa Caucus

Thank you!

Steve Curtis

T.

ARTL Action ARTLA FEC Form 9 20071220 amend 20080208.pdf

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 Ta Li (b) Address (number and street) Check if different than	te Action				
	(b) Address (number and street) check if different than	previously reported		2. FEC Identific	ation Number	
	1535 Grant Street (c) City, State and ZIP Code	#303		Propresentations of the second	erfames/ancidor.me	
	(c) City, State and ZIP Code	•		C	andonesia o regulare reduciona	
	(d) Name of Employer or Principal Place of Business	(8) Occupation	1		
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	n/a n/a					
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3	Is This Statement or	4. Covering Period	1/446	through	Marie Jack	
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	(Amended)		1.2	18 2	0 0 7	
	[MUNITED AT A	Seminar minute benkriteri		D	C	
5.	(a) Date of Public Distribution(s) 12 19	2007 (b) Comm	unication Ti	ille Komney	Airytale	
6.	Is the Filer a Qualified Nonprofit Corporation u	nder 11 CFR 114.10?		Yes []	No 🔀	
7.	7. Were the disbursements for the electioneering communication made exclusively Yes No					
8.	Custodian of Records					
	(a) Name					
	Steve Curtis					
	(b) Address (number and street)	O ·				
	9180 Dw LAKe	Trive		-		
		11				
	(d) Name of Employer or Principal Place of Business	80504) Occupation			
	(a) Name of Employer of Philispar Place of Business	Įe) Occupation	_		
	5018-00-0101-1	<i>5</i> .	Financial Consultant			
	Self-employed	rinar	7 <u>~/7/</u>	Consul	TANT	
					•	
9.	Total Donations This Statement		[
		Emeral cond-				
10. Total Disbursements/Obligations This Statement / パルラシック					1	
		Landin de	at Ast	10 32,00	r	
=						
	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					
	SIGNATURE Strong DATE 2-8-08					
						

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

	son(s) Sharing/Exercising Control		
Α.	(a) Name Steve Curtis		
	(b) Address (number and street) 9180 Owl Lake Drive (c) City, State and ZIP Code		
	(c) City, State and ZIP Code Firestone, CO 8050 4 (d) Name of Employer or Principal Place of Business	(e) Occupation	
	Self-employed	Financial Co	nsultant
В.	Brian Rohrbough		
	(c) City, State and ZIP Code		
	(c) City, State and ZIP Code Morrison, CO 80465 (d) Name of Employer or Principal Place of Business	(a) Congress	
	Self-employed	(e) Occupation Home Audio	Video
C.	Jennifer Envart		
	(b) Address (number and street) 2764 E 139th Ave (c) City, State and ZIP Code		
	(c) City, State and ZIP Code Thornton CO 80602 (d) Name of Employer or Principal Place of Business	(a) Oppured a	
_	Travelers Insurance	(e) Occupation Database De	signer
D.	(a) Name Craia Fisher		
	(b) Address (number and street) 1102 City Springs Acad (c) City, State and ZIP Code	1	
	(c) City, State and ZIP Code Rapid City, SD 57702 (d) Name of Employer or Principal Place of Business	(e) Occupation	<u> </u>
	Ketel Thorstenson, LLP	C PA	
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 Constance A Mailing Address of Donor		harin	Date of Receipt
	6116 Coors	State CO	80004	Amount 1183200
В.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
C.	Full Name of Donor	<u> </u>		Date of Receipt
	Mailing Address of Donor			 Amount
	City	State	Zip	
D.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
E.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor	, emillion y	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Amount
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SCHEDULE	9-B		
Dishursemen	aheM (a)t	or Obligation/s	٤١

PAGE 4 OF 4

A	Full Name (Last, First, Middle Initial) o	f Pavee		Date of Disbursement or Obligation
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l		. Pack	Unst St	Amount
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l	Blue Bell	PA	19422	Communication Date
	Name of Employer	Occupa	_	12 19 2007
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	The state of the s	OO DOUG. 11.	Senate State:	Primary General
	Mitt Romney	,	President District:	Other (specify) CAUCUS
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		ļ	Senate District:	Primary General
			President	Other (specify)
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:
			Senate	Primary General
			President District:	Other (specify)
	Full Name (Last, First, Middle Initial) of	Payee		Date of Disbursement or Obligation
B.	Ton Hame (Cast, First, Middle Hittar) of	rayee		Land 01.0 Land 1.0 La
	Mailing Address of Payee	**********		
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١.	City	State	Zip Code	
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l		Ī	Senate	Primary General
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(3/2005)

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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked E-Mail Other (Specify): DATE PREPARED