

Staff <office@artlaction.com> on 01/10/2008 10:02:51 PM

To:

2022190174@fec.gov

cc:

StevenCurtis@msn.com, "Craig Fisher" <craigcfisher@gmail.com>

Subject: American Right To Life Action FEC Form 9 filing Jan 10 2008

Attached.

Thank you,

Steve Curtis President American RTL Action

ARTLAfecfrm920080110.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonp	rofit Corporation Making the Disbursement/Obligations					
(a) Name American Right To	Life Action					
(b) Address (number and street) Check if differen	nt than previously reported 2. FEC Identification Number					
1535 Grant Street (c) City, State and ZIP Code	# 303					
Denver (O 80103						
(d) Name of Employer or Principal Place of Business	(e) Occupation					
- 174						
√ New	01 09 2008					
3. Is This Statement or	4. Covering Period through					
Amended	01 12 2008					
5. (a) Date of Public Distribution(s) 01 12 2008 (b) Communication Title Remney Fairy tale SC						
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?						
7. Were the disbursements for the electioneering communication made exclusively Yes No No No						
8. Custodian of Records						
(a) Name Steve Curtis						
(b) Address (number and street) 9180 Owl Lake Drive (c) City, State and ZIP Code Ficestone CO 80504 (d) Name of Employer or Principal Place of Business (e) Occupation						
						(d) Name of Employer or Principal Place of Business (e) Occupation
Self-employe						
9. Total Donations This Statement	12,900.00					
10. Total Disbursements/Obligations This Sta	stement 11635.00					
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 I	FORM Steve Curtis					
SIGNATURE Sty Cont	DATE 1-10-08					

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

		<u> </u>	
Per	son(s) Sharing/Exercising Control		
A.	(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		
	(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Financial Consultant	
В.	(a) Name Brian Rohrbough	Annual Control of the	
	(b) Address (number and street) 21324 Colonist Way (c) City, State and ZIP Code		
	(c) City, State and ZIP Code Morrison, CO 80465 (d) Name of Employer or Principal Place of Business		
	(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Home Audio Video	
	(a) Name Jennifer Enyart		
	(c) City, State and ZIP Code (c) City, State and ZIP Code		
	(c) City, State and ZIP Code Thornton CO 80602 (d) Name of Employer or Principal Place of Business		
	(d) Name of Employer or Principal Place of Business Travelers Insurance	Oatabase Designer	
D.	(a) Name Craiq Fisher		-
	(b) Address (number and street) 1102 City Springs Road (c) City, State and ZIP Code		
	(c) City, State and ZIP Code Rapid City, SD 57702 (d) Name of Employer or Principal Place of Business		
	Ketel Thorstenson, LLP	(e) Occupation	
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	

A. Full Name of Donor				
Richard Mailing Address of Do 3529 City	Fir Rd State	Zip	Date of Receipt 2 26 2007 Amount 5 00000	
Bremen B. Full Name of Donor	110 9	6506		
	-		Date of Receipt 1 02 2008 Amount	
Bremer	State 1 N 4	2ip 16506	, 5,000,00	
C. Full Name of Donor Consta Mailing Address of Do	nce Annette Shari		Date of Receipt 0 1 0 9 2 0 0 8 Amount 1 4 0 0 0	
Arvado	oors Way siste CO 800	zip 004		
D. Full Name of Donor Anthon Malling Address of Do	y M. Robinson Country Club Circle		Date of Receipt	
City Bismine	i Aı	zip 5244	15000	
E. Full Name of Donor	main // /		Date of Receipt	
Mailing Address of Do	nor	۲.	Amount	
City	State	Zip	er e er e e e e e e e e e e e e e e e e	

CHEDULE 9-B isbursement(s) Made or O	bligation(s)	PAGE 4 OF 4
A. Full Name (Last, First, Middle Inition Walter Bennet Mailing Address of Payee 1797 5 to 1	t Communications	Date of Disbursement or Obligation O 1 0 9 2 0 0 8 Amount
City Blue Bell Name of Employer	rkway West Bldg 16 Ste 22 State Zip Code PA 19422 Occupation	Communication Date
n/a	n/a	01 12 2008
Purpose of Disbursement (Including To air 60-sec. 7	Vad in S. Carolina on co	able: Romney Fairytale SC
Name of Federal Candidate Mith Romney	Office Sought: House State: Senate District:	Primary General Other (specify)
Name of Federal Candidate	Office Sought: House State: Senate District:	Primary : General
Name of Federal Candidate	Office Sought: House State: Senate District: President	Disbursement/Obligation For: Primary
B. Full Name (Last, First, Middle Initia Mailing Address of Payee	i) of Payee	Date of Disbursement or Obligation
City	State Zip Code	Communication Date
Name of Employer	Occupation	AND THE STATE OF THE STATE OF
Purpose of Disbursement (Including	title(s) of communication(s))	
Name of Federal Candidate	Office Sought: House State:	Disbursement/Obligation For: Primary General Other (specify) ▶
Name of Federal Candidate	Office Sought: House State:	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate	Office Sought: House State: Senate President	Disbursement/Obligation For: Primary General Other (specify)
	ions This Page (optional)e number only)	

(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): 1/10/08 **PREPARER** DATE PREPARED