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FEC FORM 3X		ORT O DISBI	URSE	MENT	rs		FEC M	31	VED CENTER AM 11: 30
1. NAME OF COMMITTEE (in t		R PRINT V		ample: If ty er the lines.	ping, type	12FE4M]	
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Check if diffe than previous reported. (AC	ily Tes	FERSO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ry I I I		ng.	6510	<u></u>	
2. FEC IDENTIFICA	TION NUMBER	▼					ZI	P CODE	.
C 0015	7958		3. IS THIS REPORT		NEW (N) OR		MENDED)		
July 15 Quarterly October Quarterly January Year-End July 31 M Report (N Year Only	Report (Q1) (c Report (Q2) (5 Report (Q3) (31 Report (YE) (d Vid-Year (d	PRE-Election Report for the 30-Day POST-Election Report for the E	ne:		(12C)		(12S) (12S) in S S S OR) in in in in in in in in in in	L (Ne Ve Ve Ve Je Je Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne	lov 20 (M11) lon-Election pec 20 (M12) lon-Election pec 20 (M12) lon-Election pe
5. Covering Period			06	through	1/2 baliat it is to	31	200	6	
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Signature of Treasurer	<u> </u>	, M Be			_ .	Date	1 2-1	ينا ل	007
NOTE: Submission of fa	llse, erroneous, or i	ncomplete infor	mation may s	ubject the pe	erson signing ti	his Report to t	he penalties	of 2 U.S	i.C. §437g.
Office Use Only							FEC F	FORM 12/2004	

- FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
/rite or Type Committee Name	· · · · · · · · · · · · · · · · · · ·	
MISSOURI RIGHT TO LI	EE FEDERAL POLITICA	ACTION COMMITTEE
eport Covering the Period: From:	28 2006	To: 12 31 200%
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2006		36408
(b) Cash on Hand at Beginning of Reporting Period	9.21.0.6	
(c) Total Receipts (from Line 19)		1353936
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	639042	13 9 0 3 4 4
Total Disbursements (from Line 31)	625232	1376534
Cash on Hand at Close of . Reporting Period (subtract Line 7 from Line 6(d))	/3810	/38/0
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	108100	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00	
Debts and Obligations Owed BY the Committee (Itemize all on	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

> > .

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Γ	· - · ·	DETAILED SUMMARY PAGE	
	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
V	Vrite or Type Committee Name		
<u>/</u>	MISSOURI RIGHT TO LI		
F	leport Covering the Period: From:	1 28 2066 T	22 / 31 / 2006
	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)	<u> </u>	100000
	(ii) Uniternized	496936	1253936
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	54.69.36	/ 3,5,39,3,6
	(b) Political Party Committees		<u>0.6</u>
	(c) Other Political Committees (such as PACs)		G.Q.
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	5,4,6,9,3,6	1353936
12.	Totals to Line 33, page 5)► Transfers From Affiliated/Other	$\frac{1}{2} + \frac{2}{2} + \frac{2}$	<u>, , , , , , , , , , , , , , , , , , , </u>
	Party Committees		
13.	All Loans Received	0.0	
	Loan Repayments Received Offsets To Operating Expenditures	<u> </u>	0_0
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	_0.0	0 C
16.	Refunds of Contributions Made to Federal Candidates and Other	hand and and and and and and and and and	herardosenbered Beredened (Derekened)
17.	Political Committees Other Federal Receipts	<u></u>	0,0
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.0	0.0
10.	(a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))	0.0	
40	Total Beasints (add Lines 11/d)	· ·	
13.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	5,4,6,9,36	1,3,5,3,9,3,6
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	5,4,6,9,3,6	1.3.5.3.9.3.6

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DETAILED SUMMARY PAGE

of Disbursements

COLUMN A Total This Period

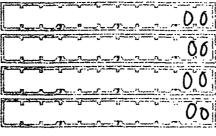
Page 4 COLUMN B

Calendar Year-to-Date

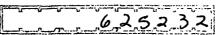
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_		
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	
	(i) Federal Share	
	(ii) Non-Federal Share	
	(b) Other Federal Operating Expenditures	ſ
	(c) Total Operating Expenditures	
	(add 21(a)(i), (a)(ii), and (b))►	1
2.	Transfers to Affiliated/Other Party Committees	ſ
3.	Contributions to Federal Candidates/Committees	
4.	and Other Political Committees	
	(use Schedule E)	
5.	(2 U.S.C. §441a(d)) (use Schedule F)	ſ
_		ľ
6.	Loan Repayments Made	
7. B.	Loans Made Refunds of Contributions To:	
	(a) Individuals/Persons Other Than Political Committees	
	(b) Political Party Committees	Ī
	(c) Other Political Committees	2
	(such as PACs)	
	(d) Total Contribution Refunds	F
	(add Lines 28(a), (b), and (c))►	L
9.	Other Disbursements	
0.	Federal Election Activity (2 U.S.C. §431(20)))
	(a) Allocated Federal Election Activity	
	(from Schedule H6) (i) Federal Share	
	(ii) "Levin" Share	
	(b) Federal Election Activity Paid Entirely With Federal Funds	
	(c) Total Federal Election Activity (add	<u>مرا</u>
	Lines 30(a)(i), 30(a)(ii) and 30(b)) >	
1.	Total Disbursements (add Lines 21(c), 22,	7
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	
2.	Total Federal Disbursements	
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	F

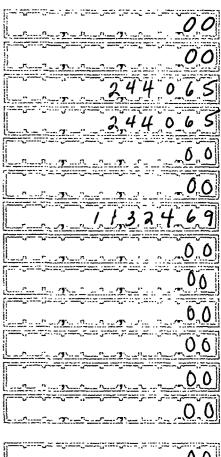
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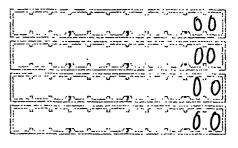


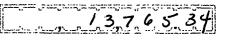


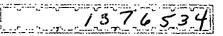












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# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	5.4.6.9.3.6	1353936
34. Total Contribution Refunds (from Line 28(d))	Contractor ad	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,4,6,9,3,6	13,53,936
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	9.82.94	244065
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.0	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.8.2.9.4	2,4.4.0.65

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$\square$	NAME OF COMMITTEE (In Full)		
Z	Missouri RIGHT TO LIFE FEDE	RAL BLITICAL ACT	TON COMMITTEE
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C.	Full Name (Last, First, Middle Initial)		Date of Receipt
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5224       W. BUSINESS 50         City       State       Zip Code         Purpose of Disbursement       Mo       65109         Mailing Address       Q.0.4       Category'         Christianse       Disbursement For:       Q.0.4         Christianse       Disbursement For:       Q.0.4         Christianse       Disbursement For:       Q.0.4         Christianse       Disbursement For:       Q.0.4         State:       District:       Disbursement For:         President       Other (specify) ▼       Date of Disbursement         Kingery       Printing       General         PO Box 727       Date of Disbursement       Date of Disbursement         City       State       Zip Code         Effing ham       TL       62401-0727         Purpose of Disbursement For:       O.0.44         Category/       Multri         Office Sought:       House       Disbursement For:         State:       Disbursement For:       O.0.44         Category/       Multri       Other (specify) ▼         State:       Disbursement For:       Other (specify) ▼         State:       Disbursement For:       Other (specify) ▼         State:	AAA Mailing		
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Cardidate Name       State       Category/ Type         Office Sought:       House       Disbursement For:         State:       District:       Coher (specify) ▼         State:       District:       Date of Disbursement         Full Name (Last, First, Middle Initial)       C.       C.         C.       Kingery       Primary       General         P O Box 727       Date of Disbursement       Disbursement         City       State       Zip Code         Efffing ham       TL       62401-0727         Po Box 727       City       Category/         City       State       Do 0.44         Candidate Name       MuLTi       O.0.44         Office Sought:       House       Disbursement For:         State:       Disbursements This Page (optional)	Purpose of Disbursement		•
Mution       Callegory         Office Sought:       House         Senate       Primary         General       Other (specify)         State:       Disbursement For:         President       Other (specify)         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Kingery         Mailing Adgress       Po Box 727         Po Box 727       State         City       State         Effing ham       TL         62401-0727         Purpose of Obsbursement         Printing         Category/         Mutti         Office Sought:         House         Disbursement For:         Senate         President         Office Sought:         House         Disbursement For:         Senate         President         Other (specify)         State:         District:         Subtrottal of Disbursements This Page (optional)	MAILING SERVICE	Description	Amount of Each Disbursement this Period
Senate       Primary       General         Other (specify)       Other (specify)         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Kingevy       Printing         Mailing Address       Printing         PO Box 727       City         City       State         City       State         City       State         Princes of Oisbursement       Flyer's         Princes of Oisbursement       O.044         Cardidate Name       Category/         MultTi       O.044         Office Sought:       House         Benate       Disbursement For:         State:       District:         State:       District:	Muri		29.4.85
State:     District:       Full Name (Last, First, Middle Initial)     Date of Disbursement       C.     Kingery Printing       Mailing Address     PO Box 727       City     State       City     State       City     State       City     State       Candidate Name     Disbursement       Multri     Oo44       Office Sought:     House       President     Disbursement For:       State:     Disbursement For:       President     Other (specify) ▼			
Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Kingery Printing         Mailing Address       PO Box 727         City       State       Zip Code         Effing ham       TL       62401-0727         Purpose of Disbursement       O. 0.4         Printing Flyers       O. 0.4         Candidate Name       Disbursement For:         Grifice Sought:       House       Disbursement For:         President       Other (specify)       V         State:       District:       V			
Kingery       rinting         Malling Address $PO$ Box 727         City       State       Zip Code         Effing ham $TL$ $62401-0727$ Purpose of Olsbursement $O.04$ Amount of Each Disbursement this Period         Candidate Name $O.04$ Candidate Name $O.04$ Multi       House       Disbursement For:         Senate       Primary       General         President       Other (specify) $\checkmark$ $I.475.52$ Subtrotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)		······································
POBox 727       State       Zip Code         City       State       Zip Code         Effing ham       TL       62401-0727         Purpose of Disbursement       O.041         Printing Flyer's       O.041         Candidate Name       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)       V	C. Kingery Printing		Date of Disbursement
City       State       Zip Code         Effing ham       IL       62401-0727         Purpose of Olsbursement       0.04         Printing Flyers       0.04         Candidate Name       0.04         MuLTi       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:			12 12 2006
Purpose of Disbursement       0.04         Printing Flyers       0.04         Candidate Name       Category/ Type         Multi       House         Disbursement For:       Senate         President       Other (specify)         State:       Disbursements This Page (optional)	City State Zip Code		
Candidate Name/       Category/ Type         Multi       House         Office Sought:       House         Disbursement For:       Senate         President       Other (specify) ▼         State:       District:         SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement		
MuLTi     Type       Office Sought:     House       Senate     Primary       President     Other (specify)       State:     Disbursements This Page (optional)	Printing Flyers	in the second second	Amount of Each Disbursement this Period
Senate       Primary       General         President       Other (specify) ▼         State:       District:         SUBTOTAL of Disbursements This Page (optional)	MULTI		475 52
State: District:			
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional)	•	17,0.5,20
	TOTAL This Period (last page this line number only)	•	

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FEC Schedule E (Form 3X) Rev. 02/2003

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SCHEDULE B (FEC Form 3X ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 2 OF 2
	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full)			
MISSOURI RIGHT TO Full Name (Last, First, Middle Initial)	D LIFE FEDERAL PO	LITIC	AL ACTION COMMITTEE
A. Kingery Printing			Date of Disbursement
Malling Address			12122006
	State Zip Code		
City Effingham Purpose of Disbursement	IL 62401-0	727	
Printing Flyer	tes	004 Category/	Amount of Each Disbursement this Period
MULTI		Type	380418
Senate President	Sbursement For: Primary General Other (specify) v		
State: District:			
Fuil Name (Last, First, Middle Initial) B.			Date of Disbursement
Malling Address	· ·		
City	State Zip Code		
Purpose of Disbursement	•	and and a second second	Amount of Each Disbursement this Period
Candidate Name	L	Category/ Type	and the second
Office Sought: House Dis	bursement For:	1990	hankandar Mandradar Mandradar Markand
Senate President	C Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
			Date of Disbursement
Mailing Address	· ·		
City	State Zip Code		<b>*</b>
Purpose of Disbursement			Amount of Each Disbursement this Period
Candicate Name		ategory/ Type	
Office Sought: House Dist Senate President	bursement For: Primary General Other (specify) ▼		inentien elen lien lien den Rieselen in den son in der s
State: District:			
SUBTOTAL of Disbursements This Page (option	nal)		
TOTAL This Period (last page this line number	only)	······ Þ	6252.32

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FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS	.(Use separate schedule(s) FOR LINE NUMBER:
Excluding Loans	for each (check only one) 9 numbered line) 10
NAME OF COMMITTEE (In Full)	
Missouri RIGHT TO LIFE FEDERAL P	DLITICAL ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
SAM GRAVES	MAILING- LIST
Mailing Address 6500 TOWER	MAILING LIST
City State Zip Code	
KANSAS CITY MO 65152	
Outstanding Balance Beginning This Period	
108709	
Amount Incurred This Period Payment This Period	inninetant hankminitationsharkminitation
	00
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
	and Bandoned Construction for the discontinuation of the second section of the second section of the second s
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
Maliing Address City State Zip Code	
City State Zip Code	
City State Zip Code	Outstanding Balance at Close of This Period
City State Zip Code	Outstanding Balance at Close of This Period
City State Zip Code	Outstanding Balance at Close of This Period
City State Zip Code	
City State Zip Code	
City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	→ <u>/0.87.00</u>
City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period 1) SUBTOTALS This Period This Page (optional)	→ <u>/ 0.8.7 00</u> → <u>/ 0.8.7 00</u>
City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period 1) SUBTOTALS This Period This Page (optional)	►

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FEC Schedule D (Form 3X) Rev. 02/2003

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ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF /6 FOR LINE 24 OF FORM 32
NAME OF COMMITTEE (In Full)	
MISSOURI RIGHT TO LIFE FEDERAL POLITI	
Check if 24-hour notice 48-hour notice ACTION (CM	
Full Name (Last, First, Middle Initial) of Payee	Date
MODERN LITHO	- 1/2 05 206
Mailing Address	
6009 Stertzer Rd	Amount
City State Zip Code	9927
	Office Sought: House State: M 6
PRINTING NEWSLETTER Category	Office Sought: House State: M.O.
Name of Federal Candidate Supported or Opposed by Expenditure:	President
JIM TALENT	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
MODERN LITHO	
Mailing Address	
6009 Stertzer Rd	Amount
City State Zip Code	9.9.27
Jefferson City MO 65101	
Purpose of Expenditure U Op in the ALCHICLE Category/ DOUL Type DOUL	Office Sought: House State: MO Senate Distant
PRINTING NEWSLETTER Type US A	President
MARK BYRNE	Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	19852
	· · · · · · · · · · · · · · · · · · ·
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • ·
	Land and the Contract of the C
(c) TOTAL independent Expenditures	• •
· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
· · · · · · · · ·	
Date	
Signature	

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FEC Schedule E (Form 3X) Rev. 02/2003

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CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES	PAGE 2 OF /
	FOR LINE 24 OF FOR
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBE
MISSOURI RIGHT TO LIFE FEDERAL POLIT	ICAL C 0015795
Check If 24-hour notice 48-hour notice ACTION CO	mm literation
Full Name (Last, First, Middle Initial) of Payee	Date
MODERN LITHO	12 05 200
Mailing Address	
6009 Stertzer Rd	Amount
City State Zip Code	
Jefferson City MO 65101	Being the transformer 4.1-2
Dumpers of Europeditions (1	Office Sought: V House State: M
PRINTING NEWSLETTER Category/ 00.4	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Todd Akin	Check One: X Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
MODERN LITHO	
Mailing Address	internal breathers internal
6009 Stertzer Rd City State Zip Code	Amount
City State Zip Code	09.2
Jefferson City MO 65101	in a start water and the start and the start of the start
Purpose of Expenditure 0	Office Sought: House State: M
PRINTING NEWSLETTER Type 004	Senate District: 4
Name of Federal Candidate Supported or Opposed by Expenditure:	
JIM NOLAND	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought	Other (specify)
a) SUBTOTAL of Itemized Independent Expenditures	1985
	in the first the first of the second se
b) SUETOTAL of Unitemized Independent Expenditures	land and a start a
.,	- innination Berlin Berlin (Berlin (Berlin
c) TOTAL Independent Expenditures	
	- Lecture Denimation Denimation
Inder penalty of perjury I certify that the independent expenditures reported herein were in with, or at the request or suggestion of, any candidate or authorized committee or agent of arty committee) any political party committee or its agent.	not made in cooperation, consultation, or concer f either, or (if the reporting entity is not a politica
	<b>▐₩≡₩</b> ┋╵┇ <u>┲</u> ┲┲┇╵┋ <del>┰</del> ╦┯╤┯╦┯┋
Signature Date	

FEC Schedule E (Form 3X) Rev. 02/2003

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CHEDULE E (FEC Form 3X)	
EMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF //
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
MISSOURI RIGHT TO LIFE FEDERAL POLITI	CAL C 00157458
Check if 24-hour notice 48-hour notice ACTION CON	
Full Name (Last, First, Middle Initial) of Payee	Date
MODERN LITHO	/2 ' os ' 200
Mailing Address	
6009 Stertzer Rd	Amount
City State Zip Code	99
Jefferson City MO 65101	
Purpose of Expenditure V Category	Office Sought: X House State: M
TRINTING NEWSLETTER	President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: X Support Oppose
JACOB TURK	
Calendar Year-To-Date Per Election	Disbursement For: Primary Genera
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
MODERN LITHO	1/2 05 200
Mailing Address	
6009 Stertzer Rd	Amount
	992
Jefferson City MO 65101 Purpose of Expenditure	Office Sought: A House State:
Calegory	
PRINTING NEWSLETTER Type Name of Federal Candidate Supported or Opposed by Expenditure:	President
SAM GRAVES	Check One: 📈 Support 🗍 Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
	i'a'e c'
a) SUBTOTAL of Itemized Independent Expenditures	<ul> <li>I I I O D</li> <li>I I I O D</li> </ul>
b) SUBTOTAL of Unitemized Independent Expenditures	ร ได้ <del>สาวมีเห็นสามัญระเบียนเป็นมาเป็นมาเร็งและโมม</del>
c) TOTAL Independent Expenditures	r <del>Manuluuninnelluusiennin</del> ne <del>lluusiennin</del>
	P I I I I I I I I I I I I I I I I I I I
Under penalty of perjury I certify that the independent expenditures reported herein were r vith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	not made in cooperation, consultation, or concer i either, or (if the reporting entity is not a politica
Date	
Signature	

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FEC Schedule E (Form 3X) Rev. 02/2003

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	FOR LINE 24 OF 76
NAME OF COMMITTEE (In Full)	
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL	ACTION CLODISZIES
	TTEE
Full Name (Last, First, Middle Initial) of Payee	Date
MODERN LITHO	/2 05 2006
Mailing Address	
6009 Stertzer Rd.	Amount
City State Zip Code Jefferson City Mo. 65101	99.26
	Office Sought: X House State: MO
PRINTING NEWSLETTER Category/ 004	Senate District: 9
Name of Federal Candidate Supported or Opposed by Expenditure:	President
KENNY HULSHOF	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Payee	Date
	anthon hallond . "In Dar Dar . In South and the first standard . "
Mailing Address	handsand hereiten hereiten
City State Zip Code	การการการการการการการการการการการการการก
Purpose of Expenditure Category/	Office Sought: House State:
Туре	President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
Tor Onice Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	69.54
(b) SUBTOTAL of Unitemized Independent Expenditures	<ul> <li>Antipartition of a confirmed on after a new formation of a state of a state</li></ul>
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(c) TOTAL independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
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SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE S OF /6
NAME OF COMMITTEE (In Full)	
Missouri Right TO LIFE FEDERAL POLITICAL AN	CTION C 00157958
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
AAA MAILING	
Malling Address	
5224 W. BUSINESS 50	Amount
City Jefferson City MO: 65109	42/3
Purpose of Expenditure A Q U U U U U U U U U U U U U U U U U U	Office Sought: House State: MD
MAILING SERVICE	X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: X Support Oppose
JIM TALENT	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
AAA MAILING	
Mailing Address	
5224 W. BUSINESS 50	Amount
City State Zip Code	4213
JEFFERSON CITY MD 65/09 Purpose of Expenditure	Office Sought: House State: 220
MAILING SERVICE	State: <u>MO</u> Senate District: /
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK BYRNE	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 8425
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(b) SUBTOTAL of Uniternized Independent Expenditures	
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Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
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FEC Schedule E (Form 3X) Rev. 02/2003

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CHEDULE E (FEC Form 3X)	
remized independent expenditures	PAGE 6 OF 1
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBE
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL	
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AAA MAILING	
Mailing Address	/2 05 200
5224 W. BUSINESS 50	Amount
City State Zip Code	{
Jefferson City no 65109	<u> </u>
Purpose of Expenditure	Confice Sought: House State:
MAILING SERVICE	
Name of Federal Candidate Supported or Opposed by Expenditure:	President —
Todd Akin	Check One: X Support Oppos
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary Gener
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
AAA MAILING	WITH A TO DIA STORE
Mailing Address	/2 0 s 200
5224 W. BUSINESS 50	Amount
City State Zip Code	washington and and and and and and and and and an
JEFFERSON CITY MO 65109	wenters for Street west mer Blan in 422
Purpose of Expenditure Category/ O O C	Confice Sought: House State: N
MAILING SERVICE Type	District: 4
Name of Federal Candidate Supported or Opposed by Expenditure:	
TIM NELAND	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X Genera
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 8.4.2
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(b) SUBTOTAL of Unitemized Independent Expenditures	
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c) TOTAL Independent Expenditures	······ > i
Under penalty of perjury I certify that the independent expenditures reported herein we	ere not made in cooperation, consultation, or conce
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## SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 7 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Missouri Right TO LIFE FEDERAL POLITICAL AG	
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
AAA MAILING Mailing Address	- 12 05 2006
5224 W. BUSINESS 50	Amount
City State Zip Code Jefferson City MO: 65109	4213
	Office Sought: House State: MO
MAILING SERVICE Type Q0.4	Senate District: S
Name of Federal Candidate Supported or Opposed by Expenditure: JACOB TURK	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
AAA MAILING- Mailing Address	
5224 W. BUSINESS 50	
City State Zip Code	Contraction and and a second s
JEFFERSON CITY MD 65109	42/3
Purpose of Expenditure MAILING SERVICE Category 004 Type	Office Sought: House State: <u>MO</u> Senate District: 6
Name of Federal Candidate Supported or Opposed by Expenditure:	President
SAM GRAVES	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 8.4.24
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	A A A A A A A A A A A A A A A A A A A
	Harden Braden Braden Charlen Charlen
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Signature	

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FEC Schedule E (Form 3X) Rev. 02/2003

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ITEMIZED INDEPENDENT EXPENDITURES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL A	
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
AAA MAILING	<u> </u>
Mailing Address	- 12'05'2006
5224 W. BUSINESS 50	Amount
City State Zip Code	<i>4213</i>
Jefferson City MO 65109	
Purpose of Expenditure A A L LAS SERVICE Type 004	Office Sought: House State: <u>M0</u> Senate District: <u>9</u>
MAILING SERVICE Type Type	President
KENNY HULSHOF	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	Other (specify) ▶
Full Name (Last, First, Middle Initial) of Payee	Date
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City State Zip Code	
City State Zip Code	Second second according a Character of Marshington of Marshington
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
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(a) SUBTOTAL of Itemized Independent Expenditures	• 42/2
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Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of	
party committee) any political party committee or its agent.	
Date	
Signature	Harrison Caretran Contractor Construction
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ITEMIZED INDEPENDENT EXPENDITURES	FOR LINE 24 OF	OBM 3X
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Po BOX 727 City State Zip Code	Amount	-
City State Zip Code EffiNGHAM IL 62401-07	27	194
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PRINTING FIGERS Category/ DOG4	Senate District: President	
Name of Federal Candidate Supported or Opposed by Expenditure: JIM TALENT		opose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary X Ge Other (specify) ►	
Full Name (Last, First, Middle Initial) of Payee	Date	
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PO BOX 727	Amount	
City State Zip Code	2 2	93
Effinic HAM IL 62401-07 Purpose of Expenditure	21 marinalistationalistation	
Purpose of Expenditure PRINTING FILERS Category/ Type	Senate District:	MO
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
MARK BYRNE	Check One: X Support Op	pose
Calendar Year-To-Date Per Election	Disbursement For: Primary X Ge	neral
for Office Sought	Other (specify)	
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(a) SUBTOTAL of Itemized Independent Expenditures	▶ /35	87
(b) SUBTOTAL of Unitemized independent Expenditures	Levelous in selection of march and a selection of the s	
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(c) TOTAL Independent Expenditures	► ¶	
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Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.	not made in cooperation, consultation, or c reither, or (if the reporting entity is not a p	oncert olitical
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Signature		

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FOR LINE 24 OF FOR         NAME OF COMMITTEE (In Full)         MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION         General Political Action         Closing of the second se	
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION Check if 24-hour notice 48-hour notice Committee Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING	
Check if 24-hour notice 48-hour notice Committee Date	
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City State Zip Code Effinig HAM IL 62401-0727	3
PRINTING FIYERS Category 004 Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:	
Todd AKIN Check One: Support Oppo	e
Calendar Year-To-Date Per Election	a)
Calendar Year-To-Date Per Election	
Full Name (Last, First, Middle Initial) of Payee Date	_
KINGERY PRINTING 121200	777
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Purpose of Expenditure PRINTING FILERS Category/ Type OG 4 Office Sought: House State: A Senate District: Category/ Type DO 4 Office Sought: Senate District: Category/	
Name of Federal Candidate Supported or Opposed by Expenditure:	<u> </u>
JIM NOLAND Check One: Support Oppos	
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(a) SUBTOTAL of Itemized Independent Expenditures	6
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concern 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 politic	
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ITEMIZED INDEPENDENT EXPENDITURES	FOR LINE 24 OF FORM 3X
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Full Name (Last, First, Middle Initial) of Payee	Date
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PO BOX 727	Amount
City State Zip Code	67.99
Effingham IL 62401-07 Purpose of Expenditure	
Purpose or Expenditure PRINTING FLYERS Category DO4	Office Sought: X House State: MO Senate District: 5
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Jacob Turk	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
KINGERY PRINTING	12/12/2006
Mailing Address	barrahanahanah barratan barrahanahanah
POBOX 727 City State Zip Code	
	67.93
Dumona of Exponditure	Office Sought: House State: MO
PRINTING FILERS Category/ 004	Senate District: 6
Name of Federal Candidate Supported or Opposed by Expenditure:	President
SAM GRAVES	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary 🔀 General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
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Under penalty of perjury I certify that the independent expenditures reported herein were r	not made in cooperation, consultation, or concert
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ITEMIZED INDEPENDENT EXPENDITURES	PAGE 12 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL	FEC IDENTIFICATION NUMBER
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PO BOX 727	Amount
City State Zip Code	
Effingham IL 62401-07:	27 6.6.9.9
Purpose of Expenditure Category	Office Sought: House State: MO
Printing Flyers Type 00	Senate District: 9
Name of Federal Candidate Supported or Opposed by Expenditure:	
KENNY HULSHOF	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 🔀 General
for Office Sought	Other (specify)
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Purpose of Expenditure Category/	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
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Calendar Year-To-Date Per Election	Disbursement For: Primary General
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(b) SUBTOTAL of Unitemized Independent Expenditures	>
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FEC Schedule E (Form 3X) Rev. 02/2003

ITEMIZED INDEPENDENT EXPENDITURES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL A	· · · · · · · · · · · · · · · · · · ·
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Full Name (Last, First, Middle Initial) of Payee	Date
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Po BOX 727 City State Zip Code	
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PRINTING FIGERS Category 004	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Presic'ent
JIM TALENT	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
KINGERY PRINTING	12 12 2006
Mailing Address	incarity interview in incarity in the second s
POBOX 727 City State Zip Code	
Effingham IL 62401-07	54346
Purpose of Expenditure PRINTING FILERS Category/ Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK BYRNE	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General
for Office Sought	Other (specify)
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ITEMIZED INDEPENDENT EXPENDITURES	PAGE 14 OF 76
NAME OF COMMITTEE (In Full)	
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL A	CTION C00157958
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Purpose of Expenditure De initial C Eluers Category/ Type 0.04	Office Sought: House State: MO
	Se nate District: 2
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin	Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
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POBOX 727 City State Zip Code	Amount groups and a second sec
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Pumose of Expenditure	Office Sought: House State: MO
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Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: X Support Oppose
JIM NOLAND	
Calendar Year-To-Date Per Election 7.5.2.76	Disbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	▶
(b) SUBTOTAL of Unitemized Independent Expenditures	► I
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Date	
Signature	

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 15 OF 16 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)			
MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	C00157958		
Check if 24-hour notice 48-hour notice			
	Date		
KINGERY PRINTING	12 12 2006		
	Amount		
City State Zip Code	54345		
EffiNGHAM IL 62401-0727			
Purpose of Expenditure PRINTING FIYERS Category/ Type 004	Sought: House State: <u>M0</u> Senate District: <u>5</u>		
Name of Federal Candidate Supported or Opposed by Expenditure:	One: Support Oppose		
JACOB TURIC			
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary X General		
Full Name (Last, First, Middle Initial) of Payee	ate		
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Effingham IL 62401-0727	543 45		
Purpose of Expenditure Category/ Category/ Office S	ought: X House State: n0		
PRINTING FLERS Category DO4 Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 6		
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SAM GRAVES Dichurs			
	ment For: Primary S General		
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Signature Date			
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NAME OF COMMITTEE (in Full)       MISSGULAI RIGHT TO LIFE FEDERAL POLITICAL ACTION       PEO IDENTIFICATION NUMBER V         MISSGULAI RIGHT TO LIFE FEDERAL POLITICAL ACTION       COOL       CONTACT ACTION         Check II 2ethour notice       04hour notice       COMMITTEE         FUN New Class Frex, Middle Initial of Payee       Date         FUN New Class Frex, Middle Initial of Payee       Date         City       State       Zp Code         Purpose of Expenditure       Category       Office Sought       House         Name of Federal Candidate Supported or Opposed by Expenditure:       Check Cine:       State:       Other (cporthy)         Full Name (Last, Frex, Middle Initial) of Payee       Date       Date       Date       Check Cine:       State:         Malling Address       Category       Date       Check Cine:       State:       Date         City       State       Zp Code       Date       Check Cine:       State:         Verific Address       Malling Address       Amount       Check Cine:       State:         Name of Federal Candidate Supported or Opposed by Expenditure:       Check Cine:       State:       President         Name of Federal Candidate Supported or Opposed by Expenditure:       Check Cine:       State:       State:         Name of Federal C	ITEMIZED INDEPENDENT EXPENDITURES	PAGE / 6 OF / 6 FOR LINE 24 OF FORM 3X	
Missoukci Right TO LIFE FEDERAL Political Action       Coolst 7958         Check II       24-bour notice       Community         Full Name (Last, First, Middle Initiat) of Payee       Date         Mailing Address       Date         Purpose of Expenditure       Catagory         City       State         Date       State         Purpose of Expenditure       Catagory         REINAW       Full Name (Last, First, Middle Initiat) of Payee         Name of Federal Catacidate Supported or Opposed by Expenditure:       Check One:         REINAW       HULSHO F         Calander Year-To-Date Per Election       Category         Mailing Address       Date         Purpose of Expenditure       Check One:         REINAY       HULSHO F         Calander Year-To-Date Per Election       Category         Mailing Address       Date         Furpose of Expenditure       Category         Mailing Address       Date         Furpose of Expenditure       Category         Mailing Address       Date         Giv       State       Zp Code         Purpose of Expenditure       Category       Office Sought         House       State       Zp Code         Purpos	NAME OF COMMITTEE (In Full)		
Check II       24-bour notice       C40hur iTTEC       Cannot iteled of Payee         Full Name (Last, First, Middle Initial) of Payee       Date       Image (Last, First, Middle Initial) of Payee         Mailing Address       P O BOX 727       Catagory!       Date         Chy       State       Zip Code       State:       Anount         Chy       State       Zip Code       State:       At 0         Purpose of Expenditure       Catagory!       Dot4       State:       At 0         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Stapport       Oppose         Catagory!       Date       Data       President       Other (specify)       Image (Last, First, Middle Initial) of Payee         Mailing Address       Data       Data       Other (specify)       Image       State:       At 0         KENNY       HULSHO F       Catagory!       Other (specify)       Image       State:       President         Calander Year-To-Data Per Election       Image       Catagory!       Other (specify)       Image       State:       President         Mailing Address       Data       Image       Catagory!       Other (specify)       Image       State:       President         Huinane (Last, First, Mid	MISSOURI RIGHT TO LIFE FEDERAL POLITICAL		
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Malling Address       Amount         City       State       Zip Code         Purpose of Expenditure       Category/       Office Sought       House         Name of Federal Candidate Supported or Opposed by Expenditure:       Office Sought       House       State:         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Support       Oppose         Calendar Year-To-Date Per Election       Image: Control of the specify in the independent Expenditures       Disbursement For:       Prinary       General         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Control of the specify in the independent Expenditures       Image: Control of the specify in 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 or its agent.			
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City       State       Zip Code         Purpose of Expenditure       Category/ Type       Office Sought:       House       State:         Name of Federal Candidate Supported or Opposed by Expenditure:       Office Sought:       House       State:         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Support       Oppose         Calendar Year-To-Date Per Election for Office Sought       Image: Calendar	Malling Address	Laneritenzi investional investionalization	
Purpose of Expenditure       Category/ Type       Office Sought:       House       State:         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Support       Oppose         Calendar Year-To-Date Per Election for Office Sought       Disbursement For:       Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures       Disbursement For:       54.3.45         (b) SUBTOTAL of Unitemized Independent Expenditures       Disbursement For:       52.0.9.3.83         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 or its agent.			
Category/ Type       Category/ Type       Senate President         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Support         Category/ Type       Check One:       Support       Oppose         Category/ Category/ tor Office Sought       Check One:       Support       Oppose         Category/ Category/ tor Office Sought       Check One:       Support       Oppose         Disbursement For:       Primary       General       Other (specify)         (a) SUBTOTAL of Itemized Independent Expenditures		anne an	
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(a) SUBTOTAL of Itemized Independent Expenditures	Calendar Year-To-Date Per Election	Disbursement For: Primary General	
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(b) SUBTOTAL of Unitemized Independent Expenditures			
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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.	(b) SUBTOTAL or Uniternized independent Expenditures		
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Signature Date 01 31 2007			
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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.

Hand Delivered		Date of Receipt
USPS First Class Mail	· · ·	Postmarked
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