

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2007 JUL 31 AM 11:30
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION
COMMITTEE

ADDRESS (number and street) 621 E McCarty Suite E

Check if different than previously reported. (ACC) JEFFERSON CITY MO 65101

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00157958

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |
- Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY 11 / 28 / 2006 through MM / DD / YYYY 12 / 31 / 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LINDA M. BELL

Signature of Treasurer Linda M Bell

Date MM / DD / YYYY 07 / 27 / 2007

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

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

27039492827

**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:

11 ' **28** ' **2006**

To:

12 ' **31** ' **2006**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		36408
(b) Cash on Hand at Beginning of Reporting Period.....	92106	
(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	1390344
7. Total Disbursements (from Line 31)	625232	1376534
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13810	13810
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	108700	
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

27039492828

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: 11 / 28 / 2006 To: 12 / 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).....	500.00	1,000.00
(ii) Unitemized.....	49,693.60	1,253,936.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	54,693.60	1,353,936.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	54,693.60	1,353,936.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	54,693.60	1,353,936.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	54,693.60	1,353,936.00

27039492829

DETAILED SUMMARY PAGE
of Disbursements

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	98294	244065
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	98294	244065
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)	526938	1132469
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	00	00
26. Loan Repayments Made	06	00
27. Loans Made	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	06
(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)) ..	625232	1376534
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	625232	1376534

27039492830

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)	5,469.36	13,539.36
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,469.36	13,539.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9,829.4	2,440.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9,829.4	2,440.65

27039492831

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

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

FOR LINE NUMBER: PAGE / OF /
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

A. Full Name (Last, First, Middle Initial)
Johnson, Theresa

Mailing Address
2126 Ballas View Dr.

City State Zip Code
St. Louis MO 63122-2136

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 06 / 2006

Amount of Each Receipt this Period
500.00

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).....▶ **500.00**

27039492832

**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 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

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

A.

Full Name (Last, First, Middle Initial)
MDS COMMUNICATIONS

Date of Disbursement
MM / DD / YYYY
12 / 26 / 2006

Mailing Address
545 W. Juanita Ave

City **Mesa** State **AZ** Zip Code **85210**

Purpose of Disbursement
FUND RAISING

Candidate Name
MULTI

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period
678.72

Category/Type
0.03

B.

Full Name (Last, First, Middle Initial)
MDS COMMUNICATIONS

Date of Disbursement
MM / DD / YYYY
12 / 18 / 2006

Mailing Address
545 W. Juanita Ave

City **Mesa** State **AZ** Zip Code **85210**

Purpose of Disbursement
FUND RAISING

Candidate Name
MULTI

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period
304.22

Category/Type
0.03

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **982.94**

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

27039492833

**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 1 OF 2

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

A. Modern Litho

Date of Disbursement

12 ' 05 ' 2006

Mailing Address

6009 Stertz Rd

City

Jefferson City

State

MO

Zip Code

65101

Purpose of Disbursement

Printing Newsletter

0.04

Amount of Each Disbursement this Period

694.83

Candidate Name

MULTI

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. AAA Mailing

Date of Disbursement

12 ' 05 ' 2006

Mailing Address

5224 W. Business 50

City

Jefferson City

State

MO

Zip Code

65109

Purpose of Disbursement

MAILING SERVICE

0.04

Amount of Each Disbursement this Period

294.85

Candidate Name

MULTI

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Kingery Printing

Date of Disbursement

12 ' 12 ' 2006

Mailing Address

PO Box 727

City

Effingham

State

IL

Zip Code

62401-0727

Purpose of Disbursement

Printing Flyers

0.04

Amount of Each Disbursement this Period

475.52

Candidate Name

MULTI

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

1465.20

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

27039492834

**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 2

<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)

A. Kingery Printing

Mailing Address

P O BOX 727

City

Effingham

State

IL

Zip Code

62401-0727

Purpose of Disbursement

Printing Flyer

Candidate Name

MULTI

004

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

3804.18

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3804.18

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

6252.32

27039492835

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE / OF /

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SAM GRAVES

Nature of Debt (Purpose):

RENTAL OF MAILING LIST

Mailing Address

6500 TOWER

City State

KANSAS CITY MO

Zip Code

65152

Outstanding Balance Beginning This Period

1087.00

Amount Incurred This Period

00

Payment This Period

00

Outstanding Balance at Close of This Period

1087.00

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

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).....▶

1087.00

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

1087.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

1087.00

27039492836

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL	FEC IDENTIFICATION NUMBER 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice ACTION COMM	

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO	Date 12 / 05 / 2006
Mailing Address 6009 Stertzler Rd	Amount 99.27
City State Zip Code Jefferson City MO 65101	
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JIM TALENT	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 8,451.8	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO	Date 12 / 05 / 2006
Mailing Address 6009 Stertzler Rd	Amount 99.26
City State Zip Code Jefferson City MO 65101	
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MARK BYRNE	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 1 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 790.09	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	1,985.9
(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.

Signature

Date / /

27039492837

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION COMM	FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO	Date 12 / 05 / 2006
Mailing Address 6009 Stertzner Rd	Amount 99.26
City State Zip Code Jefferson City MO 65101	Office Sought: <input checked="" type="checkbox"/> House State: <u>MO</u> <input type="checkbox"/> Senate District: <u>2</u> <input type="checkbox"/> President
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 790.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO	Date 12 / 05 / 2006
Mailing Address 6009 Stertzner Rd	Amount 99.26
City State Zip Code Jefferson City MO 65101	Office Sought: <input checked="" type="checkbox"/> House State: <u>MO</u> <input type="checkbox"/> Senate District: <u>4</u> <input type="checkbox"/> President
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JIM NOLAND	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 99.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	198.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....	[Empty Box]
(c) TOTAL Independent Expenditures	[Empty Box]

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.

Signature _____ Date **12 / 05 / 2006**

27039492838

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL	FEC IDENTIFICATION NUMBER ▼ C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice ACTION COMM	

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO	Date 12 / 05 / 2006
Mailing Address 6009 Stertzner Rd	Amount 99.26
City State Zip Code Jefferson City MO 65101	
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JACOB TURK	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 99,26	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO	Date 12 / 05 / 2006
Mailing Address 6009 Stertzner Rd	Amount 99.26
City State Zip Code Jefferson City MO 65101	
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: SAM GRAVES	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 790.09	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	198.52
(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.

Signature _____ Date **12 / 05 / 2006**

27039492839

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER ▼ C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	COMMITTEE

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO	Date 12 / 05 / 2006
Mailing Address 6009 Stertzner Rd.	Amount 99.26
City State Zip Code Jefferson City MO 65101	
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 0.04
Name of Federal Candidate Supported or Opposed by Expenditure: KENNY HULSHOF	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9
Calendar Year-To-Date Per Election for Office Sought 790.09	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	99.26
(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.

Signature _____ Date **12 / 05 / 2006**

27039492840

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice <div style="text-align: right;">Committee</div>	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C 00157958</div>
---	--

Full Name (Last, First, Middle Initial) of Payee AAA MAILING	Date <div style="border: 1px solid black; padding: 2px;">12 / 05 / 2006</div>
Mailing Address 5224 W. BUSINESS 50	Amount <div style="border: 1px solid black; padding: 2px;">4213</div>
City State Zip Code Jefferson City MO 65109	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure MAILING SERVICE	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: JIM TALENT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">8,873.1</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AAA MAILING	Date <div style="border: 1px solid black; padding: 2px;">12 / 05 / 2006</div>
Mailing Address 5224 W. BUSINESS 50	Amount <div style="border: 1px solid black; padding: 2px;">4213</div>
City State Zip Code JEFFERSON CITY MO 65109	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure MAILING SERVICE	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: MARK BYRNE	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">8,322.8</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">8425</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>

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.

Signature _____ Date

12 / 05 / 2006

27039492841

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice COMMITTEE	

Full Name (Last, First, Middle Initial) of Payee AAA MAILING	Date 12 / 05 / 2006
Mailing Address 5224 W. BUSINESS 50	Amount 42.18
City State Zip Code Jefferson City MO 65109	
Purpose of Expenditure MAILING SERVICE	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 2 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Todd AKIN	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 832.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AAA MAILING	Date 12 / 05 / 2006
Mailing Address 5224 W. BUSINESS 50	Amount 42.18
City State Zip Code JEFFERSON CITY MO 65109	
Purpose of Expenditure MAILING SERVICE	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 4 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIM NELAND	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 141.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	84.24
(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.

Signature _____ Date **12 / 05 / 2006**

27039492842

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice COMMITTEE	

Full Name (Last, First, Middle Initial) of Payee AAA MAILING	Date 12 / 05 / 2006
Mailing Address 5224 W. BUSINESS 50	Amount 42.13
City State Zip Code Jefferson City MO 65109	
Purpose of Expenditure MAILING SERVICE	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JACOB TURK	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 141.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AAA MAILING	Date 12 / 05 / 2006
Mailing Address 5224 W. BUSINESS 50	Amount 42.13
City State Zip Code JEFFERSON CITY MO 65109	
Purpose of Expenditure MAILING SERVICE	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SAM GRAVES	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 832.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	842.4
(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.

Signature _____ Date **12 / 05 / 2006**

27039492843

**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 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee AAA MAILING	Date 12 / 05 / 2006
Mailing Address 5224 W. BUSINESS 50	Amount 4212
City State Zip Code Jefferson City MO 65109	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9
Purpose of Expenditure MAILING SERVICE	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: KENNY HULSHOF	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 832.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	4212
(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.

Signature _____ Date **12 / 05 / 2006**

27039492844

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER C00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	COMMITTEE

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING	Date 12 / 12 / 2006
Mailing Address P O BOX 727	Amount 6794
City State Zip Code EFFINGHAM IL 62401-0727	
Purpose of Expenditure PRINTING FLYERS	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JIM TALENT	
Calendar Year-To-Date Per Election for Office Sought 95535	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING	Date 12 / 12 / 2006
Mailing Address P O BOX 727	Amount 6799
City State Zip Code EFFINGHAM IL 62401-0727	
Purpose of Expenditure PRINTING FLYERS	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MARK BYRNE	
Calendar Year-To-Date Per Election for Office Sought 90014	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	13587
(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.

Signature _____ Date **12 / 12 / 2006**

27039492845

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	COMMITTEE

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING		Date 12 / 12 / 2006
Mailing Address P O BOX 727		Amount 67.99
City EFFINGHAM	State IL	
Purpose of Expenditure PRINTING FLYERS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2
Name of Federal Candidate Supported or Opposed by Expenditure: Todd AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 900.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING		Date 12 / 12 / 2006
Mailing Address P O BOX 727		Amount 62.93
City EFFINGHAM	State IL	
Purpose of Expenditure PRINTING FLYERS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 4
Name of Federal Candidate Supported or Opposed by Expenditure: JIM NOLAND		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 209.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	135.86
(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.

Signature _____ Date [] / [] / []

27039492846

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER ▼ C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice COMMITTEE	

Full Name, (Last, First, Middle Initial) of Payee KINGERY PRINTING		Date 12 / 12 / 2006
Mailing Address P O BOX 727		Amount 67.93
City EFFINGHAM	State Zip Code IL 62401-0727	
Purpose of Expenditure PRINTING FLYERS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Jacob Turk		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 209,31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING		Date 12 / 12 / 2006
Mailing Address P O BOX 727		Amount 67.93
City EFFINGHAM	State Zip Code IL 62401-0727	
Purpose of Expenditure PRINTING FLYERS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: SAM GRAVES		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9,001.4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	1358.6
(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.

Signature _____ Date **12 / 12 / 2006**

27039492847

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER ▼ C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice COMMITTEE	

Full Name (Last, First, Middle Initial) of Payee Kingery Printing		Date 12 / 12 / 2006
Mailing Address P O Box 727		Amount 67.93
City Effingham	State IL	Zip Code 62401-0727
Purpose of Expenditure Printing Flyers	Category/Type 00	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: KENNY HULSHOF		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9,001.4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	67.93
(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.

Date **12 / 12 / 2006**

Signature _____

27039492848

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	Committee

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING		Date 12 / 12 / 2006
Mailing Address P O BOX 727		Amount 5434.6
City EFFINGHAM	State IL	
Purpose of Expenditure PRINTING FLYERS	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JIM TALENT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,498.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING		Date 12 / 12 / 2006
Mailing Address P O BOX 727		Amount 5434.6
City EFFINGHAM	State IL	
Purpose of Expenditure PRINTING FLYERS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1
Name of Federal Candidate Supported or Opposed by Expenditure: MARK BYRNE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,443.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	1,086.92
(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.

Signature _____ Date **12 / 12 / 2006**

27039492849

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	COMMITTEE

Full Name, (Last, First, Middle Initial) of Payee KINGERY PRINTING		Date 12 / 12 / 2006
Mailing Address P O BOX 727		Amount 543.46
City EFFINGHAM	State IL	
Zip Code 62401-0727		
Purpose of Expenditure PRINTING FLYERS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 2 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,443.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING		Date 12 / 12 / 2006
Mailing Address P O BOX 727		Amount 543.45
City EFFINGHAM	State IL	
Zip Code 62401-0727		
Purpose of Expenditure PRINTING FLYERS	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 4 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JIM NOLAND		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 752.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	1,086.91
(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.

Signature _____

Date

12 / 12 / 2006

27039492850

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

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice COMMITTEE	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center;"> C 0 0 1 5 7 9 5 8 </div>
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Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> 12 / 12 / 2006 </div>
Mailing Address P O BOX 727	Amount <div style="border: 1px solid black; padding: 2px; text-align: center;"> 543.45 </div>
City State Zip Code EFFINGHAM IL 62401-0727	
Purpose of Expenditure PRINTING FLYERS	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: JACOB TURK	Office Sought: <input checked="" type="checkbox"/> House State: <u>MO</u> <input type="checkbox"/> Senate District: <u>5</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;"> 752.76 </div>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KINGERY PRINTING	Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> 12 / 12 / 2006 </div>
Mailing Address P O BOX 727	Amount <div style="border: 1px solid black; padding: 2px; text-align: center;"> 543.45 </div>
City State Zip Code EFFINGHAM IL 62401-0727	
Purpose of Expenditure PRINTING FLYERS	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: SAM GRAVES	Office Sought: <input checked="" type="checkbox"/> House State: <u>MO</u> <input type="checkbox"/> Senate District: <u>6</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;"> 1443.59 </div>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 1086.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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.

Signature _____ Date

12 / 12 / 2006

27039492851

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL ACTION	FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	COMMITTEE

Full Name (Last, First, Middle Initial) of Payee Kingery Printing		Date 12 / 12 / 2006
Mailing Address P O Box 727		Amount 543.45
City Effingham	State Zip Code IL 62401-0727	
Purpose of Expenditure Printing Flyers	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: KENNY HULSHOF		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,443.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	543.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	5269.38

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 **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

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date
7/30/07
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked


 PREPARER

7/31/07
 DATE PREPARED

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