

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

MISSOURI RIGHT TO LIFE VICTORY FUND

ADDRESS (number and street) PO BOX 651

(Check if address is changed)

JEFFERSON CITY

CITY ▲

MO

STATE ▲

65102

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

james@jct3law.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
04 / 04 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00628115

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer Skain, Patricia, , ,

Signature of Treasurer

Skain, Patricia, , ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 04 / 2019

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

MISSOURI RIGHT TO LIFE VICTORY FUND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Missouri Right to Life Federal PAC

Mailing Address

PO Box 651

Jefferson City

MO

65102

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Skain, Patricia, , ,

Mailing Address

PO Box 651

Jefferson City

MO

65102

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

573

635

4926

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Skain, Patricia, , ,

Mailing Address

PO Box 651

Jefferson City

MO

65102

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

573

635

4926

Full Name of Designated Agent

Thomas, James, C, , III

Mailing Address

7509 NW Tiffany Springs Pkwy

Ste 300

Kansas City

MO

64153

CITY

STATE

ZIP CODE

Title or Position

Legal/Reporting Serv

Telephone number

816

584

9393

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Central Bank of Jefferson City

Mailing Address

PO Box 779

Jefferson City

MO

65102

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N

Transaction ID :

This committee is not new. We are filing an amended Form 1 to change email address and add designated agent. Amended was chosen but it shows new on completed form.

Form/Schedule:

Transaction ID: