

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>				
Full Name (Last, First, Middle Initial) of Payee Compass Outreach Media			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 401 Hall Street, SW Suite 309			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>	
City Grand Rapids State MI Zip Code 49503		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1675.00</div>		
Purpose of Expenditure Radio Ad Production		Category/Type 004		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1867.00</div>	
Full Name (Last, First, Middle Initial) of Payee RLM News			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 2340 Porter, SW			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 09 / 21 / 2012 </div>	
City Grand Rapids State MI Zip Code 49509		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">192.00</div>		
Purpose of Expenditure Newspaper Ad		Category/Type 004		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">192.00</div>	
(a) SUBTOTAL of Itemized Independent Expenditures.....			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1867.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures.....			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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 <u>Mrs. Susan Colligan</u>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

FEC IDENTIFICATION NUMBER ▼

C

C00101212

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

TOLLFREEZONE.COM

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Mailing Address P O BOX 26

Amount

882.26

Transaction ID : SE.11227

Purpose of Expenditure
Get-out-the-vote callsCategory/
Type

004

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MITT ROMNEY

Calendar Year-To-Date Per Election
for Office Sought

2749.26

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Western American Mailers

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Mailing Address 5510 - 33rd, SE

Amount

2777.29

Transaction ID : SE.11228

Purpose of Expenditure
Postage, Cong District mailerCategory/
Type

004

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MITT ROMNEY

Calendar Year-To-Date Per Election
for Office Sought

10603.58

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

3659.55

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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Mrs. Susan Colligan

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

FEC IDENTIFICATION NUMBER ▼

C

C00101212

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Wolverine Printing

Date

M M /

D D /

Y Y Y Y Y Y

Mailing Address 315 Grandville Ave, SW

Amount

City

Grand Rapids

State

MI

Zip Code

49503

Purpose of Expenditure
Print Card MailerCategory/
Type

004

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MITT ROMNEY

Calendar Year-To-Date Per Election
for Office Sought

7826.29

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M /

D D /

Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

5077.03

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

10603.58

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Mrs. Susan Colligan

Signature

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y