



C00235861

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

04 01 2006

To:

06 30 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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

524200  
524200

524200  
524200

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.) BANK.....

119

191

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

524319

524391

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

26038123063

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

NAME OF COMMITTEE (In Full) <b>ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C00235861</b>
Check <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>INDIANA RIGHT TO LIFE PAC</b>	Date <b>04 20 2006</b>
Mailing Address <b>5000 PLAZA EAST BLVD SUITE B</b>	Amount <b>25000.00</b>
City State Zip Code <b>EVANSVILLE IN 47715</b>	

Purpose of Expenditure <b>SUPPORT PRO-LIFE CANDIDATES</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>CHRIS CHOCOLA FOR CONGRESS</b>	Date <b>04 20 2006</b>
Mailing Address <b>P.O. BOX 6728</b>	Amount <b>5000</b>
City State Zip Code <b>SOUTH BEND IN 46660</b>	

Purpose of Expenditure <b>SUPPORT CANDIDATE</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>25500.00</b>
(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.

Anne Wall Date **07 10 2006**  
Signature

26039123064



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

PAGE **3** OF **5**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): <b>ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C00235861</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>DAN BURTON FOR CONGRESS</b>	Date <b>04 28 2006</b>
Mailing Address <b>209 SOUTH WASHINGTON ST.</b>	Amount <b>5000</b>
City State Zip Code <b>MARION IN 46952</b>	
Purpose of Expenditure <b>SUPPORT CANDIDATE</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>ALLEN COUNTY RIGHT TO LIFE COMMITTEE</b>	Date <b>04 28 2006</b>
Mailing Address <b>3409 CONESTOGA DR</b>	Amount <b>1669.7</b>
City State Zip Code <b>FORT WAYNE IN 46808</b>	
Purpose of Expenditure <b>NEWSLETTER ENDORSEMENT AD</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>2169.7</b>
(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.

*Quinn Wall*  
Signature

Date **07 10 2006**

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

PAGE 4 OF 5  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C00235861</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN HERITAGE TRAILS, LLC</b>	Date <b>04 28 2006</b>
Mailing Address <b>11965 E. 550 S.</b>	Amount <b>92500</b>
City State Zip Code <b>L AOTTO IN 46763</b>	

Purpose of Expenditure <b>BUS TRANSPORTATION FOR SUPPORTERS</b>	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
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Full Name (Last, First, Middle Initial) of Payee <b>MAIN-1-MEDIA</b>	Date <b>05 01 2006</b>
Mailing Address <b>7828 E. 88th ST.</b>	Amount <b>39000</b>
City State Zip Code <b>INDIANAPOLIS, IN 46256</b>	

Purpose of Expenditure <b>CAMPAIGN SIGNS</b>	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
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(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>131500</b>
(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 *Anne Wall* Date **07 10 2006**

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

PAGE 5 OF 5  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION</b>	COMMITTEE IDENTIFICATION NUMBER <b>C00235861</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>CATHIE HUMBARGER</b>	Date <b>05 / 01 / 2006</b>
Mailing Address <b>3409 CONESTOGA DR. SUITE A</b>	Amount <b>25266</b>
City State Zip Code <b>FORT WAYNE IN 46808</b>	
Purpose of Expenditure <b>MISC TRIP + OFFICE EXPENSES</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>CHASE BANK</b>	Date <b>04 / / 2006</b>
Mailing Address	Amount <b>5600</b>
City State Zip Code	
Purpose of Expenditure <b>BANK FEES</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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.....	<b>30866</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<b>449063</b>

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.

Anne Wall Signature Date **07 / 10 / 2006**

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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

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7/10/06

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Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
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

*fu*  
PREPARER  
(3/2005)

7/15/06  
DATE PREPARED

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