REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 27 9 01 AM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Wisconsin Right to Life PAC

ADDRESS (number and street) ☐ Check if different than previously reported
10625 W. North Ave.

CITY, STATE and ZIP CODE
Milwaukee, WI 53226

2. FEC IDENTIFICATION NUMBER
C00173328

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Nov 25, 1997 through Dec. 31, 1997		
6. (a) Cash on Hand January 1, 19____		$ 1368.37
(b) Cash on Hand at Beginning of Reporting Period	$ 5704.30	
(c) Total Receipts (from Line 19)	$ 1759.83	$ 77446.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7464.13	$ 78814.46
7. Total Disbursements (from Line 30)	$ 5652.74	$ 77003.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1811.39	$ 1811.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Susan M. Armacost - Assistant Treasurer

Signature of Treasurer
Susan M. Armacost

Date 1/17/97

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

FEC FORM 3X
(revised 9/93)

FEGAN138