

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 OCT 18 A 9 53

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 ALLEN COUNTY RIGHT TO LIFE INC

POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 13409 CONESTOGA DR SUITE A FORT WAYNE IN 46805

2. FEC IDENTIFICATION NUMBER 000235861 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Check One) (a) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (b) Quarterly Reports: Apr 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) (c) 12-Day PRE-Election Report for the: Primary (12P), Conversion (12C), General (12G), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2004 through 09 30 2004

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 ANNE M. WALL

Signature of Treasurer Anne M. Wall Date 10/17/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form BX (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		1,051.33
(b) Cash on Hand at Beginning of Reporting Period.....	1,052.61	
(c) Total Receipts (from Line 18).....	3,434.08	3,435.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,486.69	4,486.69
7. Total Disbursements (from Line 31).....	2,227.00	2,227.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,259.69	4,259.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	



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

For further information contact:

Federal Election Commission  
998 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 02/2008)

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Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

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) Name: (Use Schedule A).....		
(ii) Unitemized.....	3,432.00	3,432.00
(b) TOTAL (add Line 11(a)(i) and (ii)).....▶	3,432.00	3,432.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,432.00	3,432.00
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 97, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.) BANK.....	2.08	336
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule HS).....		
(b) Levin Funds (from Schedule HS).....		
(c) Total Transfers (add 18(a) and 18(b)).....		
19. Total Receipts (add Lines 11(c), 12, 13, 14, 15, 17, and 18(c)).....▶	3,434.08	3,435.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,434.08	3,435.36

DETAILED SUMMARY PAGE  
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (see Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PADs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levitt" Share .....		
(b) Federal Election Activity Paid Entirely with Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .....	227.00	227.00
32. Total Federal Disbursements (extract Line 21(a)(ii) and Line 30(a)(i) from Line 31) .....		

**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>000235861</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee <b>ALLEN COUNTY RIGHT TO LIFE COMMITTEE</b>		Date <b>07 09 2004</b>
Mailing Address <b>3409 CONESTOGA DR SUITE A</b>		Amount <b>4250</b>
City <b>FORT WAYNE</b>	State <b>IN</b>	Zip Code <b>46808</b>
Purpose of Expenditure <b>RENT MAILING LIST</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 For 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>CATHIE HUMBARGER</b>		Date <b>09 13 2004</b>
Mailing Address <b>3409 CONESTOGA DR SUITE A</b>		Amount <b>4500</b>
City <b>FORT WAYNE</b>	State <b>IN</b>	Zip Code <b>46808</b>
Purpose of Expenditure <b>REPUBLICAN PARTY BERN DINNER</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 For 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>8750</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 Wael** Date: **10 08 2004**

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

Full Name (Last, First, Middle Initial) of Payee <b>BECKY SKILLMAN FOR LT. GOVERNOR</b>	Date <b>08 13 2004</b>
Mailing Address <b>BAKER + DANIELS III E WAYNE ST.</b>	Amount <b>100.00</b>
City State Zip Code <b>FORT WAYNE IN 46801</b>	

Purpose of Expenditure <b>RECEPTION TO MEET CANDIDATE</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BECKY SKILLMAN - LT. GOVERNOR</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PEROVE PRINTED PRODUCTS</b>	Date <b>08 13 2004</b>
Mailing Address <b>P.O. BOX 10924</b>	Amount <b>19.50</b>
City State Zip Code <b>FORT WAYNE IN 46854-0924</b>	

Purpose of Expenditure <b>COPIES OF PETITION</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>GOVERNOR KERRIAN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(b) SUBTOTAL of Itemized Independent Expenditures	<b>119.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) 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: *Rene Wall* Date: **10 08 2004**

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>BANK FEES</b>	Date [ ] [ ] [ ]
Mailing Address	Amount <b>2000</b>
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 checked="" type="checkbox"/> Other (specify) <b>FEES</b>

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	<b>2000</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>22700</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.

Signature: Anne Wolf Date: **10/08/2004**

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>AMB</i> PREPARER	<i>10-18-04</i> DATE PREPARED