

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2007 JUL 16 AM 10:03
Office Use Only

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)

3409 CONESTOGA DR SUITE A

Check if different than previously reported. (ACC)

FORT WAYNE IN 46808

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00235861

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 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)

(b) 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) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

In the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

In the State of

5. Covering Period

01 / 01 / 2007 through 06 / 30 / 2007

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

07 / 10 / 2007

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (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 2007** To: **06 30 2007**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		104578
(b) Cash on Hand at Beginning of Reporting Period.....	104578	
(c) Total Receipts (from Line 19)	796	796
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	105374	105374
7. Total Disbursements (from Line 31)	45645	45645
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59729	59729
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	



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

For further information contact:

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

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

27039472170

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 01 2007 To: 06 30 2007

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)).....▶

609

609

- (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.....

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13. All Loans Received

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14. Loan Repayments Received.....

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

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

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

187

187

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

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- (b) Levin Funds (from Schedule H5)

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- (c) Total Transfers (add 18(a) and 18(b))..

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

796

796

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

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(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 (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	435.45	435.45
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 PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements BANK FEES	21.00	21.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" 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)) ..	456.45	456.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

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

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

Full Name (Last, First, Middle Initial) of Payee SOUDER FOR CONGRESS	Date 01 22 2007
Mailing Address P.O. Box 40233	Amount 10000
City FORT WAYNE State IN Zip Code 46804	

Purpose of Expenditure SUPPORT CANDIDATE	Category/Type	Office Sought: <input checked="" 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)
--	--

Full Name (Last, First, Middle Initial) of Payee SOUDER FOR CONGRESS	Date 03 23 2007
Mailing Address P.O. Box 40233	Amount 10000
City FORT WAYNE State IN Zip Code 46804	

Purpose of Expenditure SUPPORT CANDIDATE	Category/Type	Office Sought: <input checked="" 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)
--	--

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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 M. Wall* Date **07 10 2007**

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

NAME OF COMMITTEE (In Full) ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice <div style="text-align: right;">COMMITTEE</div>	FEC IDENTIFICATION NUMBER ▼ 000235861
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Full Name (Last, First, Middle Initial) of Payee WHITLEY COUNTY REPUBLICAN CENTRAL COMMITTEE Mailing Address City State Zip Code COLUMBIA CITY IN 46725	Date 05 / 17 / 2007 Amount 70.00
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Purpose of Expenditure SUPPORT PROLIFE CANDIDATES Name of Federal Candidate Supported or Opposed by Expenditure:	Category/Type	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
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Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
--	---

Full Name (Last, First, Middle Initial) of Payee ALLEN COUNTY RIGHT TO LIFE Mailing Address 3409 CONESTOGA DR SUITE A City State Zip Code FORT WAYNE IN 46808	Date 05 / 31 / 2007 Amount 165.45
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Purpose of Expenditure ENDORSEMENT AD Name of Federal Candidate Supported or Opposed by Expenditure:	Category/Type	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
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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	[Empty Box]
(b) SUBTOTAL of Unitemized Independent Expenditures.....	[Empty Box]
(c) TOTAL Independent Expenditures	435.45

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 Orne M. Wall Date **07 / 10 / 2007**

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/10/07
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	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>RAE</i> PREPARER	7/10/07 DATE PREPARED

(3/2005)

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