# 140M: 1400: 0100

### STATEMENT OF

RECEIVED

FORM 1		ORC	GANIZA	ATIC	N	ľ		6 AHI. ∐ompaepuse		
NAME OF     COMMITTEE (in	full)		k if name inged)		nple:If typing, t the lines.	vne 🗔	FE4M5			
ALLEN CO	UNTY	RIGHT	TO LIFE	E INC	POLIT	ICAL A	CTIO	N ÇQ	ММІТ	TEE
	<del></del>				<del> </del>	<u> </u>		ــــــــــــــــــــــــــــــــــــــ		
ADDRESS (number a	nd street)	2126 II	IQQWP	D DF	₹.	1-1-1-				
(Check if address is changed)		FORT	WAYNI				N I	4681	5	
			ı	CITY		STA	ATE	Z	IP CODE	
COMMITTEE'S E-MA  (Check if is change	address	SS (Please prov		FFEF		IQQ,C	OM,	1_1_1_b L_b_b_b		
COMMITTEE'S WEE	PAGE ADD	RESS (URL)								
(Check if is change				<u>l l l l l l l l l l l l l l l l l l l </u>	<del></del>				<u> </u>	
2. DATE 09	)*   ′ <u>  29</u>	° 2012	4							
3. FEC IDENTIFIC	CATION NU	IMBER	C 00	)235	861					
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMENDE	D (A)				
I certify that I have	examined th	is Statement a	nd to the best	of my k	nowledge and	belief it is tr	ue, correct	and comp	lete.	
Type or Print Name	of Treasurer	ANDF	REW ST	ΓAU	FER					
Signature of Treasure	er <i>[M</i>	fus J.	Zayj.		7	Date	09	29		014
NOTE: Submission of		ous, or incomple			·			the penalti	es of 2 U.S	S.C. §437g.
Office Use Only					For further infor Federal Election ( Toll Free 800-424 Local 202-694-11	Commission -9530	t:		FORN sed 02/200	•

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	F	FEC For	m 1 (Revised 02/2009)	Page 2					
5.	TYPE	OF C	OMMITTEE	<u> </u>					
	Candidate Committee:								
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)								
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)								
	Name Cand								
		lidate Affiliatio	Office Sought: House Senate President	State					
	(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Cand								
	Part	Party Committee:							
	(d)			Democratic, epublican, etc.) Party.					
	Poli	Political Action Committee (PAC):							
	(e)	$\boxtimes$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a					
			Corporation Corporation w/o Capital Stock	Labor Organization					
			Membership Organization Trade Association	Cooperative					
			In addition, this committee is a Lobbyist/Registrant PAC.						
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party						
			In addition, this committee is a Lobbyist/Registrant PAC.						
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fundraising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
	Committees Participating in Joint Fundraiser								
		1.		7 <b>7 7</b> 7					
		2.							
		3.							
		-							
		4.	FEC ID number C						

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	Write or Type Committee Name							
_	ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE							
6.	Name of Any Connected C	rganization, Aff	iliated Committee, Joir	nt Fundraising Repr	esentative, o	r Leadership PAC Sponsor		
Ŀ	<mark>\LLEN</mark> GΟΨΝΤ	YRIGHT		1¢				
L								
	Mailing Address	2126 INV	VOOD DRII					
				1 1 1 1 1				
		FORTW	CITY		STATE	2IP CODE		
	Relationship: Connected	d Organization	Affiliated Committee	Joint Fundraising	Representati	ve Leadership PAC Sponsor		
7.	Custodian of Records: Ider books and records.	ntify by name, ad	dress (phone number	optional) and positi	on of the per	son in possession of committee		
	Full Name ANDF	REW STAI	JFFER , ,		1 1 1 1			
	Mailing Address	2126 INV	VOOD DR.					
					1111			
		FORT W	AYNE		IN	46815		
	Title or Position		CITY		STATE	ZIP CODE		
	TREASURER			Telephone nun	nber [260	) <sub></sub> [471 <sub></sub> ][1849 <sub></sub> ]		
8.	Treasurer: List the name an any designated agent (e.g.,	. "	. ,	the treasurer of the	committee; a	and the name and address of		
	Full Name of Treasurer	REW STA	UFFER	<u> </u>				
	Mailing Address	2126 INV	VOOD DR.	111111	111			
		FORT W			[IN]	46815		
	Title or Position		CITY	Telephone num	STATE	ZIP CODE		

l 	FEC Form	1 (Revised 02/2009)	Page <b>4</b>
D	full Name of Designated Ogent		
M	failing Address		
		CITY STATE	ZIP CODE
T L	itle or Position	Telephone number	اــــا-لــــا
s		Depositories: List all banks or other depositories in which the committee deposits funds, exes or maintains funds. Depository, etc.	holds accounts, rents
N	Mailing Address	P.O.BOX 718	
		EVANSVILLE, IN 147	705, , , , , ,
		CITY STATE	ZIP CODE
<u>-</u>	Name of Bank, I	Depository, etc.	
		[	
٨	Mailing Address		
		CITY STATE	ZIP CODE

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lyne, IN 46815 wood Drive

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## RETURN RECEIPT REQUESTED

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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. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify): PREPARER DATE PREPARED