REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

NAME OF COMMITTEE (in full)

Wisconsin Right to Life Political Action Committee

ADDRESS (number and street) Check if different than previously reported

10625 W. North Ave.

CITY, STATE and ZIP CODE

Milwaukee, WI 53226

Mar 22 4 19 PM '93

C0017328

2. FEC IDENTIFICATION NUMBER

3 This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

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 special primary (Type of Election) election on April 6 in the State of WI.

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

(b) Is this Report an Amendment? YES X NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period Jan. 1, 1993 through March 17		
6 (a) Cash on Hand January 1, 19__		$ 2283.79
(b) Cash on Hand at Beginning of Reporting Period	$ 2823.79	
(c) Total Receipts (from Line 19)	$ 5004.00	$ 5004.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7827.79	$ 7827.79
7 Total Disbursements (from Line 30)	$ 4241.65	$ 4241.65
8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3586.14	$ 3586.14
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)	$ 2500.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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 3/18/93

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 1/1/91)

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