



C 00235961

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 ' 01 ' 2010 To: 06 ' 30 ' 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		49.61
(b) Cash on Hand at Beginning of Reporting Period.....	2586.69	
(c) Total Receipts (from Line 19) .....	6004.8	4012.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3187.17	4062.17
7. Total Disbursements (from Line 31) .....	1430.77	2305.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1756.40	1756.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	

10030364217

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

C00235861

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

04 01 2010

To:

06 30 2010

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).....

0.00

550.00

(ii) Unitemized.....

600.00

3462.00

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

600.00

4012.00

(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.....

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

BANK

48

5.6

18. Transfers from Non-Federal and Levin Funds

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

(b) Levin Funds (from Schedule H5).....

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

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

60048

401256

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

10030364218



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

FRIENDS OF JIM BANKS

Mailing Address

238 E. EAGLE GLEN TRAIL

City

COLUMBIA CITY

State

IN

Zip Code

46725

Purpose of Disbursement

SUPPORT CANDIDATE

Candidate Name

JIM BANKS

Category/  
Type

Date of Disbursement

04 ' 10 ' 2010

Amount of Each Disbursement this Period

500.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: IN

District:

Full Name (Last, First, Middle Initial)

B.

HOOSIERS FOR STUTZMAN

Mailing Address

P.O. Box 129

City

HOWE

State

IN

Zip Code

46746

Purpose of Disbursement

SUPPORT CANDIDATE

Candidate Name

MARLIN STUTZMAN

Category/  
Type

Date of Disbursement

04 ' 15 ' 2010

Amount of Each Disbursement this Period

100.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: IN

District:

Full Name (Last, First, Middle Initial)

C.

TAXPAYERS FOR GREG WALKER

Mailing Address

IN STATE SENATOR, DIST. 41

City 200 WEST WASHINGTON ST State

INDIANAPOLIS, IN 46204

Zip Code

Purpose of Disbursement

SUPPORT CANDIDATE

Candidate Name

GREG WALKER

Category/  
Type

Date of Disbursement

06 ' 14 ' 2010

Amount of Each Disbursement this Period

250.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
Other (specify) ▼

State: IN

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

62500

10030364220

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

NAME OF COMMITTEE (In Full) <b>ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMM.</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>MIKE HAGAR - ALLEN COUNTY REPUBLICIAN BEAN</b>	Date <b>04 / 12 / 2010</b>
Mailing Address <b>135 WEST MAIN ST</b>	Amount <b>3500</b>
City <b>FORT WAYNE</b> State <b>IN</b> Zip Code <b>46802</b>	

Purpose of Expenditure <b>SUPPORT PRO-LIFE PLATFORM</b>	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: <b>NONE</b>		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)	

Full Name (Last, First, Middle Initial) of Payee <b>BOTT RADIO NETWORK</b>	Date <b>04 / 16 / 2010</b>
Mailing Address <b>3737 LAKE AVE</b>	Amount <b>7000</b>
City <b>FORT WAYNE</b> State <b>IN</b> Zip Code <b>46805</b>	

Purpose of Expenditure <b>ADVERTISE FOR PRO-LIFE 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>NONE</b>		Check One: <input checked="" 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 .....	<b>73500</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 *Quinn M. Wall*

Date **07 / 12 / 2010**

10030364221

**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  24-hour notice     48-hour notice

Full Name (Last, First, Middle Initial) of Payee  
**ALLEN COUNTY RIGHT TO LIFE**

Mailing Address  
**3409 CONESTOGA DR STE A**

City **FORT WAYNE**      State **IN**      Zip Code **46808**

Date **05 / 20 / 2010**

Amount **7077**

Purpose of Expenditure **ENDORSEMENT Ad IN Newsletter**      Category/Type

Office Sought:  House      State: \_\_\_\_\_  
 Senate      District: \_\_\_\_\_  
 President

Name of ~~Federal Candidate Supported~~ or Opposed by Expenditure:  
**MARLIN STUTZMAN, MARK SOUVER, MIKE PENCE**

Check One:  Support     Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary     General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City      State      Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Office Sought:  House      State: \_\_\_\_\_  
 Senate      District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:  Support     Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary     General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>7077</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>80577</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 M. Waef

Date **07 / 12 / 2010**

10030364222

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 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™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 7/12/10
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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

*Jm W*  
 PREPARER

7/13/10  
 DATE PREPARED

10030364223