

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Right to Life of Michigan Political Action Committee

ADDRESS (number and street)

P O Box 901

☐Check if different
than previously
reported. (ACC)

Grand Rapids

MI

49509

0901

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00101212

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
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

07

15

2010

through

09

30

2010

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

Mrs. Susan Colligan

Signature of Treasurer

Electronically Filed by Mrs. Susan Colligan

Date

10

04

2010

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)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

Right to Life of Michigan Political Action Committee

Report Covering the Period:

From:

M M
0 7D D
1 5Y Y Y Y
2 0 1 0

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		69.87
(b) Cash on Hand at Beginning of Reporting Period	2242.37	
(c) Total Receipts (from Line 19)	22056.19	26503.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24298.56	26573.56
7. Total Disbursements (from Line 31)	19573.62	21848.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4724.94	4724.94
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
999 E street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Right to Life of Michigan Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	1	5	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

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)	4000.00	6250.00
(ii) Unitemized	150.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4150.00	6550.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4150.00	6550.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	17906.19	19953.69
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	17906.19	19953.69
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22056.19	26503.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4150.00	6550.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	17906.19	19953.69
(b) Other Federal Operating Expenditures.....	298.22	298.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	18204.41	20251.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55.00	55.00
24. Independent Expenditure (use Schedule E)	1314.21	1541.71
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19573.62	21848.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1667.43	1894.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4150.00	6550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4150.00	6550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	298.22	298.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	298.22	298.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Right to Life of Michigan Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Berens

Mailing Address 3900 - 34th St

City

Hamilton

State

MI

Zip Code

49419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockheed Martin Corp

Occupation

overseas - unknown

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.10270

Amount of Each Receipt this Period

4000.00

donation

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A.

Full Name (Last, First, Middle Initial)

RLM News

Mailing Address 2340 Porter, SW

City
Grand Rapids

State
MI

Zip Code
49509

Purpose of Disbursement
Congressional maps/voter info in AD

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10275

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2010

Amount of Each Disbursement this Period

260.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

260.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROCKY FOR CONGRESS

Mailing Address 34122 WOODWARD AVE

City
BIRMINGHAMState
MIZip Code
48009Purpose of Disbursement
Women's Luncheon Fund RaiserCandidate Name
ANDREW ROCKY RACZKOWSKIOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 09

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.10302

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2010

Amount of Each Disbursement this Period

55.00

SUBTOTAL of Disbursements This Page (optional)

55.00

TOTAL This Period (last page this line number only)

55.00

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 2340 Porter, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.25</div>	
City Grand Rapids		Transaction ID: SE.10278	
State MI		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 49509		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Endorsement Ad		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type		2010	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL J BENISHEK			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">3.25</div>	
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 2340 Porter, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.25</div>	
City Grand Rapids		Transaction ID: SE.10279	
State MI		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 49509		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Endorsement Ad		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type		2010	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">6.50</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">6.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10280	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM P HUIZENGA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 13.00		2010	
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10281	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JUSTIN AMASH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 19.50		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		13.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10282	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE CAMP		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10283	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN KUPIEC		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		13.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10284	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY L. WALBERG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10291	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL J ROGERS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		13.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10292	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW EDWARD RACZKOWSKI old		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
52.00			
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10293	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CANDICE S. MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
58.50			
(a) SUBTOTAL of Itemized Independent Expenditures		13.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10294	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THADDEUS G MCCOTTER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
Mailing Address 2340 Porter, SW		Amount 6.50	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10295	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DONALD CECIL VOLARIC		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		13.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RLM News		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 2340 Porter, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6.50</div>	
City State Zip Code Grand Rapids MI 49509		Transaction ID: SE.10296	
Purpose of Expenditure Endorsement Ad		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT L STEELE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.54</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10136	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL J BENISHEK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">23.04</div>	
(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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 16.54	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10137	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS F Tom STILLINGS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 16.54		2011	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 16.53	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10138	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JASON EDWARD Jason ALLEN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 601.03		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		33.07	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 16.53	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10139	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LINDA J GOLDTHORPE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 617.56		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 16.53	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10140	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 634.09		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		33.06	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 26.72	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10142	
Purpose of Expenditure Postage - 2nd CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: EDWARD TED SCHENDEL		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 660.81		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 26.72	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10143	
Purpose of Expenditure Postage - 2nd CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM C COOPER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 687.53		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		53.44	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 26.72	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10146	
Purpose of Expenditure Postage - 2nd CD Flier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN JAY RIEMERSMA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
714.25			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 26.71	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10147	
Purpose of Expenditure Postage - 2nd CD Flier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM P HUIZENGA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
740.96			
(a) SUBTOTAL of Itemized Independent Expenditures		53.43	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26.71</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10148	
Purpose of Expenditure Postage - 2nd CD Flier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WAYNE KUIPERS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.61</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10149	
Purpose of Expenditure Postage - 3rd CD Flier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JOHN OVERBEEK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">52.32</div>	
(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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 25.61	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10150	
Purpose of Expenditure Postage - 3rd CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JUSTIN AMASH		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 818.89		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 25.61	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10151	
Purpose of Expenditure Postage - 3rd CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CLYDE (WILLIAM) HARDIMAN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 844.50		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		51.22	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 25.60	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10152	
Purpose of Expenditure Postage - 3rd CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN R HEACOCK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 870.10		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 25.60	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10153	
Purpose of Expenditure Postage - 3rd CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LOUISE E JOHNSON		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 895.70		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		51.20	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 71.98	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10154	
Purpose of Expenditure Postage - 4th CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE CAMP		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 967.68		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 51.88	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10155	
Purpose of Expenditure Postage - 6th CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACK HOOGENDYK JR		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1019.56		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		123.86	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 20.29	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10156	
Purpose of Expenditure Postage - 7th CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY L. WALBERG		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1039.85		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 20.29	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10157	
Purpose of Expenditure Postage - 7th CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BRIAN JOHN ROONEY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1060.14		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		40.58	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 20.29	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10158	
Purpose of Expenditure Postage - 7th CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARVIN ERNEST CARLSON		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1080.43		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 57.94	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10160	
Purpose of Expenditure Postage - 8th CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL J ROGERS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1138.37		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		78.23	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 16.25	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10161	
Purpose of Expenditure Postage - 9th CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW EDWARD RACZKOWSKI old		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1154.62		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 16.25	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10162	
Purpose of Expenditure Postage - 9th CD Fli- er		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL F F WELDAY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1170.87		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		32.50	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.25</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10163	
Purpose of Expenditure Postage - 9th CD Flier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD D KUHN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1187.12</div>		2010	

Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65.41</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10164	
Purpose of Expenditure Postage - 10th CD Flier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CANDICE S. MILLER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1252.53</div>		2010	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">81.66</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Mrs. Susan Colligan
 Signature

Date

M 10

D 04

Y 2010

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="text-align: right;">52.73</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grand Rapids</div> <div>State MI</div> <div>Zip Code 49512</div> </div>		Transaction ID: SE.10165	
Purpose of Expenditure Postage - 11th CD Fl- ier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: THADDEUS G MCCOTTER		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1305.26</div>			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="text-align: right;">52.05</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grand Rapids</div> <div>State MI</div> <div>Zip Code 49512</div> </div>		Transaction ID: SE.10166	
Purpose of Expenditure Postage - 12th CD Fl- ier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DONALD CECIL VOLARIC		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1357.31</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">104.78</div>	
(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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 0 4</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 26.40	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10167	
Purpose of Expenditure Postage - 13th CD Fl- ier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: VINCENT T BROWN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1383.71		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 17.37	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10168	
Purpose of Expenditure Postage - 14th CD Fl- ier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAULINE MONTIE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1401.08		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		43.77	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 46.09	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10169	
Purpose of Expenditure Postage - 15th CD Fl- ier		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT L STEELE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1447.17		2010	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 5.72	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10060	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL J BENISHEK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 233.22		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		51.81	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.72</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10061	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS F Tom STILLINGS		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px;">238.94</div>			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.71</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10063	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: JASON EDWARD Jason ALLEN		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px;">244.65</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">11.43</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 5.71	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10065	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LINDA J GOLDTHORPE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 250.36		2010	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 5.71	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10066	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 256.07		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		11.42	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.16</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10067	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: EDWARD TED SCHENDEL		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.16</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10068	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM C COOPER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">16.32</div>	
(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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 8.15	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10069	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN JAY RIEMERSMA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
280.54			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 8.15	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10070	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM P HUIZENGA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
288.69			
(a) SUBTOTAL of Itemized Independent Expenditures		16.30	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.15</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10071	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: WAYNE KUIPERS		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">296.84</div>			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.96</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10072	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JOHN OVERBEEK		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">305.80</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">17.11</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 8.96	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10073	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JUSTIN AMASH		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 8.96	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10074	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CLYDE (WILLIAM) HARDIMAN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		17.92	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 8.96	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10075	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN R HEACOCK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
332.68			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 8.96	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10076	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LOUISE E JOHNSON		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
341.64			
(a) SUBTOTAL of Itemized Independent Expenditures		17.92	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.47</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10077	
Purpose of Expenditure Print 4th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE CAMP		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">381.11</div>			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.07</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10078	
Purpose of Expenditure Print 6th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: JACK HOOGENDYK JR		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">403.18</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">61.54</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.52</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10079	
Purpose of Expenditure Print 7th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY L. WALBERG		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.52</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10080	
Purpose of Expenditure Print 7th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BRIAN JOHN ROONEY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">21.04</div>	
(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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.51</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10081	
Purpose of Expenditure Print 7th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: MARVIN ERNEST CARLSON		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px;">434.73</div>			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.98</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10085	
Purpose of Expenditure Print 9th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW EDWARD RACZKOWSKI old		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) : _____ 2010	
<div style="border: 1px solid black; padding: 2px;">439.71</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">15.49</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.98</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10086	
Purpose of Expenditure Print 9th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL F F WELDAY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.97</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10087	
Purpose of Expenditure Print 9th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD D KUHN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">9.95</div>	
(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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 22.85	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10088	
Purpose of Expenditure Print 10th CD Postca- rd		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CANDICE S. MILLER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 472.51		2010	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 20.00	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10089	
Purpose of Expenditure Print 8th CD Postcard		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL J ROGERS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 492.51		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		42.85	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.10</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10090	
Purpose of Expenditure Print 12th CD Postca- rd		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DONALD CECIL VOLARIC		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">508.61</div>		2010	

Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.09</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10091	
Purpose of Expenditure Print 13th CD Postca- rd		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: VINCENT T BROWN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">517.70</div>		2010	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">25.19</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Mrs. Susan Colligan

 Signature

Date

M 10

D 04

Y 2010

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 9.35	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10092	
Purpose of Expenditure Print 14th CD Postca- rd		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAULINE MONTIE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 527.05		2010	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 20.91	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10093	
Purpose of Expenditure Print 15th CD Postca- rd		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT L STEELE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 547.96		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		30.26	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10096	
Purpose of Expenditure Print 11th Cd Postca- rd		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THADDEUS G MCCOTTER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.54</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10171	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL J BENISHEK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
(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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 16.54	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10172	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS F Tom STILLINGS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 16.53	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10173	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JASON EDWARD Jason ALLEN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 16.53	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10174	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LINDA J GOLDTHORPE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 16.53	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10175	
Purpose of Expenditure Postage - 1st CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 26.72	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10176	
Purpose of Expenditure Postage - 2nd CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: EDWARD TED SCHENDEL		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	

Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 26.72	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10177	
Purpose of Expenditure Postage - 2nd CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM C COOPER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(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.

Mrs. Susan Colligan
Signature

Date MM / DD / YYYY
10 / 04 / 2010

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26.72</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10178	
Purpose of Expenditure Postage - 2nd CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN JAY RIEMERSMA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		[MEMO ITEM]	

Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26.71</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10179	
Purpose of Expenditure Postage - 2nd CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM P HUIZENGA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		[MEMO ITEM]	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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.

Mrs. Susan Colligan

 Signature

Date

M 10

D 04

Y 2010

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 26.71	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10180	
Purpose of Expenditure Postage - 2nd CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WAYNE KUIPERS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 25.61	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10181	
Purpose of Expenditure Postage - 3rd CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JOHN OVERBEEK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="text-align: right;">25.61</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grand Rapids</div> <div>State MI</div> <div>Zip Code 49512</div> </div>		Transaction ID: SE.10182	
Purpose of Expenditure Postage - 3rd CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JUSTIN AMASH		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought 0.00			

Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="text-align: right;">25.61</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grand Rapids</div> <div>State MI</div> <div>Zip Code 49512</div> </div>		Transaction ID: SE.10183	
Purpose of Expenditure Postage - 3rd CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CLYDE (WILLIAM) HARDIMAN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought 0.00			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Mrs. Susan Colligan
 Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 25.60	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10184	
Purpose of Expenditure Postage - 3rd CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN R HEACOCK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 25.60	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10185	
Purpose of Expenditure Postage - 3rd CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LOUISE E JOHNSON		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

PAGE 53 / 104

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">71.98</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10186	
Purpose of Expenditure Postage - 4th CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE CAMP		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;">[MEMO ITEM]</div>	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">51.88</div>	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10187	
Purpose of Expenditure Postage - 6th CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACK HOOGENDYK JR		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;">[MEMO ITEM]</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 20.29	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10188	
Purpose of Expenditure Postage - 7th CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY L. WALBERG		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 20.29	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10189	
Purpose of Expenditure Postage - 7th CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BRIAN JOHN ROONEY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 20.29	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10190	
Purpose of Expenditure Postage - 7th CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARVIN ERNEST CARLSON		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 57.94	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10191	
Purpose of Expenditure Postage - 8th CD Fli- er		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL J ROGERS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 16.25	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10192	
Purpose of Expenditure Postage - 9th CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW EDWARD RACZKOWSKI old		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 16.25	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10193	
Purpose of Expenditure Postage - 9th CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL F F WELDAY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 16.25	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10194	
Purpose of Expenditure Postage - 9th CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD D KUHN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 65.41	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10195	
Purpose of Expenditure Postage - 10th CD Flier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CANDICE S. MILLER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 52.73	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10196	
Purpose of Expenditure Postage - 11th CD Fl- ier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THADDEUS G MCCOTTER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 52.05	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10197	
Purpose of Expenditure Postage - 12th CD Fl- ier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DONALD CECIL VOLARIC		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 26.40	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10198	
Purpose of Expenditure Postage - 13th CD Fl- ier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: VINCENT T BROWN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	
Mailing Address 5510 - 33rd, SE		Amount 17.37	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10199	
Purpose of Expenditure Postage - 14th CD Fl- ier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAULINE MONTIE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Western American Mailers		Date MM / DD / YYYY 07 / 22 / 2010	
Mailing Address 5510 - 33rd, SE		Amount 46.09	
City State Zip Code Grand Rapids MI 49512		Transaction ID: SE.10200	
Purpose of Expenditure Postage - 15th CD Fl- ier		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT L STEELE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 5.72	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10097	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL J BENISHEK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

PAGE 61 / 104

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.72</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10098	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS F Tom STILLINGS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	

Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.71</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10099	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JASON EDWARD Jason ALLEN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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.

Mrs. Susan Colligan

 Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 5.71	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10100	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LINDA J GOLDTHORPE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 5.71	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10101	
Purpose of Expenditure Print 1st CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 8.16	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10103	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: EDWARD TED SCHENDEL		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 8.16	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10104	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM C COOPER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 7</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.15</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10105	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN JAY RIEMERSMA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	

Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 7</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.15</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10106	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM P HUIZENGA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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.

Mrs. Susan Colligan

 Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.15</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10107	
Purpose of Expenditure Print 2nd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WAYNE KUIPERS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;">[MEMO ITEM]</div>	

Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.96</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10109	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT JOHN OVERBEEK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;">[MEMO ITEM]</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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.

Mrs. Susan Colligan

 Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 8.96	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10110	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JUSTIN AMASH		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 8.96	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10113	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CLYDE (WILLIAM) HARDIMAN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 8.96	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10114	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN R HEACOCK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 8.96	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10115	
Purpose of Expenditure Print 3rd CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LOUISE E JOHNSON		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.47</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10117	
Purpose of Expenditure Print 4th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE CAMP		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;">[MEMO ITEM]</div>	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.07</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10118	
Purpose of Expenditure Print 6th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACK HOOGENDYK JR		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;">[MEMO ITEM]</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 10.52	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10119	
Purpose of Expenditure Print 7th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY L. WALBERG		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 10.52	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10120	
Purpose of Expenditure Print 7th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BRIAN JOHN ROONEY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.51</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10121	
Purpose of Expenditure Print 7th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARVIN ERNEST CARLSON		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	

Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10122	
Purpose of Expenditure Print 8th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL J ROGERS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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.

Mrs. Susan Colligan

 Signature

Date

M
10

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04

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2010

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 4.98	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10123	
Purpose of Expenditure Print 9th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW EDWARD RACZKOWSKI old		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 4.98	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10124	
Purpose of Expenditure Print 9th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL F F WELDAY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00101212 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.97</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10125	
Purpose of Expenditure Print 9th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD D KUHN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 07</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.85</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10126	
Purpose of Expenditure Print 10th CD Postcard		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CANDICE S. MILLER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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.			
Mrs. Susan Colligan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 20.00	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10127	
Purpose of Expenditure Print 11th CD Postca- rd		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THADDEUS G MCCOTTER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date MM / DD / YYYY 07 / 20 / 2010	
Mailing Address 315 Grandville Ave, SW		Amount 16.10	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10128	
Purpose of Expenditure Print 12th CD Postca- rd		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DONALD CECIL VOLARIC		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date MM / DD / YYYY 10 / 04 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee		FEC IDENTIFICATION NUMBER C C00101212	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 9.09	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10129	
Purpose of Expenditure Print 13th CD Postca- rd		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: VINCENT T BROWN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	
Mailing Address 315 Grandville Ave, SW		Amount 9.35	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.10130	
Purpose of Expenditure Print 14th CD Postca- rd		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAULINE MONTIE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Mrs. Susan Colligan Signature		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee			FEC IDENTIFICATION NUMBER ▼ C C00101212		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing			Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>		
Mailing Address 315 Grandville Ave, SW			Amount <div style="text-align: right;">20.91</div>		
City Grand Rapids			Transaction ID: SE.10131		
State MI		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential			
Zip Code 49503		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Purpose of Expenditure Print 15th CD Postcard			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]		
Category/ Type 004					
Name of Federal Candidate supported or Opposed by expenditure: ROBERT L STEELE					
Calendar Year-To-Date Per Election for Office Sought			0.00		

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1314.21
<p>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.</p>	
Mrs. Susan Colligan _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 0 4</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

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NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER 10G-CD Postcard (10/08/2010) <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">5.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">95.00</div> % Transaction ID: H2.10322
ACTIVITY OR EVENT IDENTIFIER 10G-RLM News (09/14/2010) <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">5.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">95.00</div> % Transaction ID: H2.10276
ACTIVITY OR EVENT IDENTIFIER 10P - CD POSTCARD (07/20/2010) <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">7.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">93.00</div> % Transaction ID: H2.10058
ACTIVITY OR EVENT IDENTIFIER CD-10 Postcard (10/08/2010) <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">5.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">95.00</div> % Transaction ID: H2.10303

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 77 / 104
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

NAME OF ACCOUNT
 RLM State PAC

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

4523.35

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

Transaction ID: H3.10135

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a) 10P - CD POSTCARD
 (07/20/2010)

4523.35

Transaction ID: H3.10135.0

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

4523.35

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 78 / 104
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

NAME OF ACCOUNT
 RLM State PAC

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 7 / 2 2 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

11900.84

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

Transaction ID: H3.10170

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a) 10P - CD POSTCARD
 (07/20/2010)

11900.84

Transaction ID: H3.10170.0

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

11900.84

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 79 / 104
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

NAME OF ACCOUNT
 RLM State PAC

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

1482.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

Transaction ID: H3.10297

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a) 10G-RLM News (09/1-
4/2010)

1482.00

Transaction ID: H3.10297.0

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

1482.00

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

0.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

17906.19

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

17906.19

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)

RLM News

Mailing Address

2340 Porter, SW

City State Zip Code

Grand Rapids

MI

49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type

Activity or Event Identifier:

10G-RLM News(09/14/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

65.00

Date

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10278

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.25

61.75

65.00

B. Full Name (Last, First, Middle Initial)

RLM News

Mailing Address

2340 Porter, SW

City State Zip Code

Grand Rapids

MI

49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type

Activity or Event Identifier:

10G-RLM News(09/14/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

130.00

Date

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10279

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.25

61.75

65.00

C. Full Name (Last, First, Middle Initial)

RLM News

Mailing Address

2340 Porter, SW

City State Zip Code

Grand Rapids

MI

49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type

Activity or Event Identifier:

10G-RLM News(09/14/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

260.00

Date

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10280

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.50

123.50

130.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

247.00

247.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 81 / 104
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
 RLM News

Mailing Address

2340 Porter, SW

City	State	Zip Code
Grand Rapids	MI	49509

004

Purpose of Disbursement:
 Endorsement Ad

Category/
Type

Activity or Event Identifier:
 10G-RLM News(09/14/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

390.00

Date

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10281

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.50

123.50

130.00

B. Full Name (Last, First, Middle Initial)
 RLM News

Mailing Address

2340 Porter, SW

City	State	Zip Code
Grand Rapids	MI	49509

004

Purpose of Disbursement:
 Endorsement Ad

Category/
Type

Activity or Event Identifier:
 10G-RLM News(09/14/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

520.00

Date

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10282

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.50

123.50

130.00

C. Full Name (Last, First, Middle Initial)
 RLM News

Mailing Address

2340 Porter, SW

City	State	Zip Code
Grand Rapids	MI	49509

004

Purpose of Disbursement:
 Endorsement Ad

Category/
Type

Activity or Event Identifier:
 10G-RLM News(09/14/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

650.00

Date

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10283

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.50

123.50

130.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

370.50

370.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 82 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
RLM News

Mailing Address

2340 Porter, SW

City	State	Zip Code
Grand Rapids	MI	49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type
 Activity or Event Identifier:
10G-RLM News(09/14/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

780.00

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	1	0

Transaction ID: H4.10284

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.50

123.50

130.00

B. Full Name (Last, First, Middle Initial)
RLM News

Mailing Address

2340 Porter, SW

City	State	Zip Code
Grand Rapids	MI	49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type
 Activity or Event Identifier:
10G-RLM News(09/14/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

910.00

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	1	0

Transaction ID: H4.10291

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.50

123.50

130.00

C. Full Name (Last, First, Middle Initial)
RLM News

Mailing Address

2340 Porter, SW

City	State	Zip Code
Grand Rapids	MI	49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type
 Activity or Event Identifier:
10G-RLM News(09/14/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1040.00

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	1	0

Transaction ID: H4.10292

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.50

123.50

130.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

370.50

370.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 83 / 104
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)

RLM News

Mailing Address

2340 Porter, SW

City State Zip Code

Grand Rapids

MI

49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type

Activity or Event Identifier:

10G-RLM News(09/14/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1170.00

Date M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: H4.10293

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.50

123.50

130.00

B. Full Name (Last, First, Middle Initial)

RLM News

Mailing Address

2340 Porter, SW

City State Zip Code

Grand Rapids

MI

49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type

Activity or Event Identifier:

10G-RLM News(09/14/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1300.00

Date M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: H4.10294

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.50

123.50

130.00

C. Full Name (Last, First, Middle Initial)

RLM News

Mailing Address

2340 Porter, SW

City State Zip Code

Grand Rapids

MI

49509

004

Purpose of Disbursement:
Endorsement AdCategory/
Type

Activity or Event Identifier:

10G-RLM News(09/14/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1430.00

Date M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: H4.10295

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.50

123.50

130.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

370.50

370.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 84 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
RLM News

Mailing Address

2340 Porter, SW

 City State Zip Code
Grand Rapids MI 49509

004

 Purpose of Disbursement:
Endorsement Ad
Category/
Type
 Activity or Event Identifier:
10G-RLM News(09/14/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1560.00

 Date M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: H4.10296

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.50

123.50

130.00

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 1st CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

81.62

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10060

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.72

75.90

81.62

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 1st CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

163.24

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10061

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.72

75.90

81.62

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

275.30

275.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 85 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 1st CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

244.86

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10063

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.71

75.91

81.62

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 1st CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

326.48

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10065

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.71

75.91

81.62

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 1st CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

408.10

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10066

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.71

75.91

81.62

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

227.73

227.73

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 86 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 2nd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

524.60

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10067

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.16

108.34

116.50

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 2nd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

641.09

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10068

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.16

108.33

116.49

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 2nd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

757.58

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10069

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.15

108.34

116.49

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

325.01

325.01

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 87 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 2nd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

874.07

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10070

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.15

108.34

116.49

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 2nd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

990.56

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10071

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.15

108.34

116.49

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 3rd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1118.56

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10072

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.96

119.04

128.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

335.72

335.72

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 88 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 3rd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1246.56

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10073

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.96

119.04

128.00

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 3rd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1374.56

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10074

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.96

119.04

128.00

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 3rd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1502.55

 Date M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: H4.10075

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.96

119.03

127.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

357.11

357.11

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 89 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 3rd CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1630.54

 Date MM / DD / YYYY
07 / 20 / 2010

Transaction ID: H4.10076

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.96

119.03

127.99

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 4th CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2194.46

 Date MM / DD / YYYY
07 / 20 / 2010

Transaction ID: H4.10077

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

39.47

524.45

563.92

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

 City State Zip Code
Grand Rapids MI 49503

004

 Purpose of Disbursement:
Print 6th CD Postcard
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2509.81

 Date MM / DD / YYYY
07 / 20 / 2010

Transaction ID: H4.10078

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

22.07

293.28

315.35

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

936.76

936.76

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 90 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 7th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2660.07

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10079

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.52

139.74

150.26

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 7th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2810.32

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10080

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.52

139.73

150.25

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 7th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2960.57

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10081

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.51

139.74

150.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

419.21

419.21

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 91 / 104

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
 Print 9th CD Postcard

Category/
Type

Activity or Event Identifier:
 10P - CD POSTCARD(07/20/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3031.68

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10085

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.98

66.13

71.11

B. Full Name (Last, First, Middle Initial)
 Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
 Print 9th CD Postcard

Category/
Type

Activity or Event Identifier:
 10P - CD POSTCARD(07/20/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3102.79

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10086

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.98

66.13

71.11

C. Full Name (Last, First, Middle Initial)
 Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
 Print 9th CD Postcard

Category/
Type

Activity or Event Identifier:
 10P - CD POSTCARD(07/20/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3173.90

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10087

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.97

66.14

71.11

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

198.40

198.40

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 92 / 104

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 10th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3500.38

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10088

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

22.85

303.63

326.48

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 8th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3786.05

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10089

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

20.00

265.67

285.67

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 12th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

4016.07

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10090

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.10

213.92

230.02

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

783.22

783.22

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 93 / 104

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 13th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

4145.92

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10091

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.09

120.76

129.85

B. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 14th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

4279.48

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10092

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.35

124.21

133.56

C. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 15th CD Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

4578.14

Date

M	M
0	7

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H4.10093

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

20.91

277.75

298.66

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

522.72

522.72

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 94 / 104

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wolverine Printing

Mailing Address

315 Grandville Ave, SW

City	State	Zip Code
Grand Rapids	MI	49503

004

Purpose of Disbursement:
Print 11th Cd Postcard

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

4863.81

Date 07 / 20 / 2010

Transaction ID: H4.10096

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

20.00

265.67

285.67

B. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

Purpose of Disbursement:
Postage - 1st CD Flier

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

5100.03

Date 07 / 22 / 2010

Transaction ID: H4.10136

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.54

219.68

236.22

C. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

Purpose of Disbursement:
Postage - 1st CD Flier

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

5336.24

Date 07 / 22 / 2010

Transaction ID: H4.10137

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.54

219.67

236.21

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

705.02

705.02

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 95 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
Postage - 1st CD Flier
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

5572.45

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10138

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.53		219.68		236.21

B. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
Postage - 1st CD Flier
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

5808.66

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10139

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.53		219.68		236.21

C. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
Postage - 1st CD Flier
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6044.87

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10140

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.53		219.68		236.21

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		659.04		659.04

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 96 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
Postage - 2nd CD Flier
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6426.54

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10142

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.72		354.95		381.67

B. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
Postage - 2nd CD Flier
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6808.21

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10143

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.72		354.95		381.67

C. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
Postage - 2nd CD Flier
Category/
Type
 Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

7189.87

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10146

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.72		354.94		381.66

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1064.84		1064.84

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 97 / 104

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
 Postage - 2nd CD Flier

Category/
Type

Activity or Event Identifier:

10P - CD POSTCARD(07/20/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☒ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

7571.53

Date M M / D D / Y Y Y Y
 07 / 22 / 2010

Transaction ID: H4.10147

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.71

354.95

381.66

B. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
 Postage - 2nd CD Flier

Category/
Type

Activity or Event Identifier:

10P - CD POSTCARD(07/20/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☒ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

7953.19

Date M M / D D / Y Y Y Y
 07 / 22 / 2010

Transaction ID: H4.10148

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.71

354.95

381.66

C. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
 Postage - 3rd CD Flier

Category/
Type

Activity or Event Identifier:

10P - CD POSTCARD(07/20/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☒ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

8318.99

Date M M / D D / Y Y Y Y
 07 / 22 / 2010

Transaction ID: H4.10149

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.61

340.19

365.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

1050.09

1050.09

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 98 / 104

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
 Postage - 3rd CD Flier

Category/
Type

Activity or Event Identifier:

10P - CD POSTCARD(07/20/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☒ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

8684.79

Date 07 / 22 / 2010

Transaction ID: H4.10150

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.61

340.19

365.80

B. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
 Postage - 3rd CD Flier

Category/
Type

Activity or Event Identifier:

10P - CD POSTCARD(07/20/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☒ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

9050.58

Date 07 / 22 / 2010

Transaction ID: H4.10151

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.61

340.18

365.79

C. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
 Postage - 3rd CD Flier

Category/
Type

Activity or Event Identifier:

10P - CD POSTCARD(07/20/2010)

(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☒ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

9416.37

Date 07 / 22 / 2010

Transaction ID: H4.10152

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.60

340.19

365.79

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

1020.56

1020.56

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 99 / 104

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

Purpose of Disbursement:
Postage - 3rd CD FlierCategory/
TypeActivity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

9782.16

Date 07 / 22 / 2010

Transaction ID: H4.10153

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

25.60

340.19

365.79

B. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

Purpose of Disbursement:
Postage - 4th CD FlierCategory/
TypeActivity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

10810.41

Date 07 / 22 / 2010

Transaction ID: H4.10154

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

71.98

956.27

1028.25

C. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

Purpose of Disbursement:
Postage - 6th CD FlierCategory/
TypeActivity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

11551.61

Date 07 / 22 / 2010

Transaction ID: H4.10155

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

51.88

689.32

741.20

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

1985.78

1985.78

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
 Postage - 7th CD Flier
Category/
Type
 Activity or Event Identifier:
 10P - CD POSTCARD(07/20/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

11841.46

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10156

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.29		269.56		289.85

B. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
 Postage - 7th CD Flier
Category/
Type
 Activity or Event Identifier:
 10P - CD POSTCARD(07/20/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

12131.30

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10157

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.29		269.55		289.84

C. Full Name (Last, First, Middle Initial)
 Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

 Purpose of Disbursement:
 Postage - 7th CD Flier
Category/
Type
 Activity or Event Identifier:
 10P - CD POSTCARD(07/20/2010)
 (Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

12421.14

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: H4.10158

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.29		269.55		289.84

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		808.66		808.66

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 101 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address
5510 - 33rd, SE

City State Zip Code
Grand Rapids MI 49512

004

Purpose of Disbursement:
Postage - 8th CD Flier

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

13248.91

Date M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: H4.10160

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

57.94

769.83

827.77

B. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address
5510 - 33rd, SE

City State Zip Code
Grand Rapids MI 49512

004

Purpose of Disbursement:
Postage - 9th CD Flier

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

13481.07

Date M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: H4.10161

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.25

215.91

232.16

C. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address
5510 - 33rd, SE

City State Zip Code
Grand Rapids MI 49512

004

Purpose of Disbursement:
Postage - 9th CD Flier

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

13713.22

Date M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: H4.10162

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.25

215.90

232.15

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

1201.64

1201.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE	102 / 104
FOR LINE 21a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

Purpose of Disbursement:
Postage - 9th CD FlierCategory/
TypeActivity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

13945.37

Date 07 / 22 / 2010

Transaction ID: H4.10163

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.25

215.90

232.15

B. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

Purpose of Disbursement:
Postage - 10th CD FlierCategory/
TypeActivity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

14879.80

Date 07 / 22 / 2010

Transaction ID: H4.10164

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

65.41

869.02

934.43

C. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City	State	Zip Code
Grand Rapids	MI	49512

004

Purpose of Disbursement:
Postage - 11th CD FlierCategory/
TypeActivity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☒ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

15633.08

Date 07 / 22 / 2010

Transaction ID: H4.10165

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

52.73

700.55

753.28

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

1785.47

1785.47

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 103 / 104

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
Postage - 12th CD Flier

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

16376.61

Date 07 / 22 / 2010

Transaction ID: H4.10166

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

52.05

691.48

743.53

B. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
Postage - 13th CD Flier

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

16753.79

Date 07 / 22 / 2010

Transaction ID: H4.10167

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.40

350.78

377.18

C. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
Postage - 14th CD Flier

Category/
Type

Activity or Event Identifier:
10P - CD POSTCARD(07/20/2010)
(Sch.E)[Federal Memo]

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☒ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17001.99

Date 07 / 22 / 2010

Transaction ID: H4.10168

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

17.37

230.83

248.20

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

1273.09

1273.09

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 104 / 104
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name (Last, First, Middle Initial)
Western American Mailers

Mailing Address

5510 - 33rd, SE

City

State

Zip Code

Grand Rapids

MI

49512

004

Purpose of Disbursement:
Postage - 15th CD Flier

Category/
Type

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☒ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17660.40

Activity or Event Identifier:

10P - CD POSTCARD(07/20/2010)

(Sch.E)[Federal Memo]

Date M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: H4.10169

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

46.09

612.32

658.41

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

612.32

612.32

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

0.00

17906.19

17906.19