REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

JUL 16 8 51 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Wisconsin Right to Life PAC

ADDRESS (number and street) ☐ Check if different than previously reported: 10625 W. North Ave.

CITY, STATE and ZIP CODE: Milwaukee, WI 53226

2. FEC IDENTIFICATION NUMBER: C00173328

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

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

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/96 through 6/30/96		
6. (a) Cash on Hand January 1, 19 96		$ 1176.26
(b) Cash on Hand at Beginning of Reporting Period	$ 11941.22	
(c) Total Receipts (from Line 18)	$ 30173.49	$ 45524.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 42114.71	$ 46892.95
7. Total Disbursements (from Line 30)	$ 35961.15	$ 40739.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6153.56	$ 6153.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact: Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free 800-424-9530, Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Susan M. Armacost

Signature of Treasurer: Susan M. Armacost

Date: 7/8/96

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

FEC FORM 3X (revised 1/1/91)