

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2009 JAN -9 AM 9:32  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

ALLEN COUNTY, RIGHT TO LIFE, INC.  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3409 CONESTOGA DRIVE SUITE A

Check if different than previously reported. (ACC) FORT WAYNE IN 46808

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00235861

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 Year-End 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 MAY / 05 / 2008 in the State of IN

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on 11 / 04 / 2008 in the State of IN

5. Covering Period 10 / 01 / 2008 through 11 / 24 / 2008

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 ANNE M. WALL

Signature of Treasurer Anne M. Wall

Date 12 / 30 / 2008

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									
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**FEC FORM 3X**  
Rev. 12/2004

29039973373

C 00235861

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 ' 01 ' 2008 To: 11 ' 24 ' 2008

29039973374

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2008</u>		<u>59862</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>26866</u>	
(c) Total Receipts (from Line 19) .....	<u>28808</u>	<u>28926</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<u>55674</u>	<u>88788</u>
7. Total Disbursements (from Line 31) .....	<u>48223</u>	<u>81337</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<u>7451</u>	<u>7451</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>00</u>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

C00235861

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10 ' 01 ' 2008

To:

11 ' 24 ' 2008

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).....

288.00

288.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.) BANK

0.8

1.26

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

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

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

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

288.08

289.26

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

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C00235861

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE OF

Grid for line numbers 11a-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...

NAME OF COMMITTEE (In Full)

ALLEN COUNTY RIGHT TOLIFE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WEGMAN, LYNN

Mailing Address

8021 BULL RAPIDS RD

City WOODBORN

State IN

Zip Code 46797

Date of Receipt

10 / 23 / 2008

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

288.00

Name of Employer

WEGMAN INSURANCE AGENCY

Occupation

INSURANCE AGENT

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

288.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

Empty date box

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

Empty amount box

Name of Employer

Occupation

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

Empty aggregate box

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

Empty date box

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

Empty amount box

Name of Employer

Occupation

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

Empty aggregate box

SUBTOTAL of Receipts This Page (optional)

288.00

TOTAL This Period (last page this line number only)

288.00

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

NAME OF COMMITTEE (In Full) <b>ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C00235861</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>EAST ALLEN COURIER</b>	Date <b>10 23 2008</b>
Mailing Address <b>13720 N. MAIN ST.</b>	Amount <b>12300</b>
City State Zip Code <b>GRABILL IN 46741</b>	

Purpose of Expenditure <b>NEWSPAPER ENDORSEMENT AD</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	--

Full Name (Last, First, Middle Initial) of Payee <b>WEST BEND PRINTING</b>	Date <b>10 23 2008</b>
Mailing Address <b>143 E. HIGH ST.</b>	Amount <b>17100</b>
City State Zip Code <b>HICKS VILLE OH 43526</b>	

Purpose of Expenditure <b>NEWS PAPER ENDORSEMENT AD</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	--

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>29400</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *Anne M. Waal* Date **12 30 2008**

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

NAME OF COMMITTEE (In Full) **ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE** FEC IDENTIFICATION NUMBER **C00235861**

Check if  24-hour notice  48-hour notice

Full Name (Last, First, Middle Initial) of Payee **ALLEN COUNTY RIGHT TO LIFE COMMITTEE** Date **10/27/2008**

Mailing Address **3409 CONESTOGA DR. SUITE A**

City **FORT WAYNE** State **IN** Zip Code **46808** Amount **188.23**

Purpose of Expenditure **NEWSPAPER ENDORSEMENT AD** Category/Type  Office Sought:  House State:  Senate District:  President

Name of Federal Candidate Supported or Opposed by Expenditure: Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  Disbursement For:  Primary  General  Other (specify)

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Amount \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_ Category/Type  Office Sought:  House State:  Senate District:  President

Name of Federal Candidate Supported or Opposed by Expenditure: Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  Disbursement For:  Primary  General  Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... **48223**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures ..... **48223**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *Anne M. Wool* Date **12/30/2008**

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

29039973380

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>12/30/09</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jmk</i> PREPARER	<i>1/9/09</i> DATE PREPARED