

**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 (12G)

Election on

11

04

2008

in the
State of

MI

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2008

through

10

15

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

Mrs. Susan Colligan

Signature of Treasurer

Electronically Filed by Mrs. Susan Colligan

Date

10

20

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Right to Life of Michigan Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2008	5206.56
(b) Cash on Hand at Beginning of Reporting Period	5104.42	
(c) Total Receipts (from Line 19)	4448.27	39117.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9552.69	44324.08
7. Total Disbursements (from Line 31)	5227.38	39998.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4325.31	4325.31
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)

Page 3

Write or Type Committee Name

Right to Life of Michigan Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	0.00	5250.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5.00	80.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5.00	5330.00
(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)	5.00	5330.00
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)	4443.27	33787.52
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	4443.27	33787.52
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4448.27	39117.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5.00	5330.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	4443.27	33787.52
(b) Other Federal Operating Expenditures.....	0.00	1100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	4443.27	34887.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditure (use Schedule E)	784.11	4111.25
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))..	5227.38	39998.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	784.11	6211.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	5.00	5330.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5.00	5330.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1100.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1100.00

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; 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 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">299.52</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9855	
Purpose of Expenditure Print 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; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN AND SARAH H. PALIN		Check One: <input checked="" 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) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">659.52</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 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">299.52</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9856	
Purpose of Expenditure Print 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; 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">959.04</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">599.04</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
20

Y
2008

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 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19.78</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9857	
Purpose of Expenditure Print 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: BART STUPAK		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		2008	
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 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23.90</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9858	
Purpose of Expenditure Print 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: PETER HOEKSTRA		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		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">43.68</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 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</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 1 0 / 1 5 / 2 0 0 8	
Mailing Address 315 Grandville Ave, SW		Amount 25.54	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9859	
Purpose of Expenditure Print 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: VERNON J EHLERS		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 1028.26		2008	
Full Name (Last, First, Middle, Initial) of Payee Wolverine Printing		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
Mailing Address 315 Grandville Ave, SW		Amount 20.44	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9860	
Purpose of Expenditure Print 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: 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 1048.70		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		45.98	
(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 / 2 0 / 2 0 0 8	

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 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18.13</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9861	
Purpose of Expenditure Print 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; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY L. WALBERG		Check One: <input checked="" 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) : _____ 2008	
<div style="border: 1px solid black; padding: 2px;">1066.83</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 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17.14</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9862	
Purpose of Expenditure Print 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; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL J ROGERS		Check One: <input checked="" 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) : _____ 2008	
<div style="border: 1px solid black; padding: 2px;">1083.97</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">35.27</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 M 1 0</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 0 8</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 M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17.30</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9863	
Purpose of Expenditure Print 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: JOSEPH K KNOLLENBERG		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		2008	
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 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 315 Grandville Ave, SW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23.48</div>	
City State Zip Code Grand Rapids MI 49503		Transaction ID: SE.9864	
Purpose of Expenditure Print 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: 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		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.78</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 style="border: 1px solid black; padding: 2px;">M M 1 0</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 0 8</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 <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8</div> </div>	
Mailing Address 315 Grandville Ave, SW			Amount <div style="text-align: right; border: 1px solid black; padding: 2px;">19.36</div>	
City Grand Rapids		State MI	Transaction ID: SE.9865	
Zip Code 49503		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential		
Purpose of Expenditure Print Flier		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
			1144.11	

(a) SUBTOTAL of Itemized Independent Expenditures	19.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	784.11
<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>M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</div> </div>

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

PAGE 12 / 18

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

G08-Flier (10/10/2008)

ACTIVITY IS:

☐ Fundraising ☒ Direct Candidate Support

CHECK IF THE RATIO IS:

☒ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

15.00%

NONFEDERAL %

85.00%Transaction ID:
H2.9853

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

PAGE 13 / 18
 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
 1 0 / 1 5 / 2 0 0 8

TOTAL AMOUNT TRANSFERRED

4443.27

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

Transaction ID: H3.9866

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) G08-Flier (10/10/2-
008)

4443.27

Transaction ID: H3.9866.0

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

4443.27

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)

4443.27

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

4443.27

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

PAGE 14 / 18
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 Flier

Category/
Type

Activity or Event Identifier:
G08-Flier(10/10/2008)

(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

1996.80

Date

M	M
1	0

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	8

Transaction ID: H4.9855

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

299.52

1697.28

1996.80

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 Flier

Category/
Type

Activity or Event Identifier:
G08-Flier(10/10/2008)

(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

3993.60

Date

M	M
1	0

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	8

Transaction ID: H4.9856

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

299.52

1697.28

1996.80

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 Flier

Category/
Type

Activity or Event Identifier:
G08-Flier(10/10/2008)

(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

4125.44

Date

M	M
1	0

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	8

Transaction ID: H4.9857

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

19.78

112.06

131.84

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

3506.62

3506.62

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 15 / 18

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 Flier

Category/
Type

Activity or Event Identifier:

G08-Flier(10/10/2008)

(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

4284.74

Date

M M

1 0

/

D D

1 5

/

Y Y

2 0

Y Y

8

Transaction ID: H4.9858

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

23.90

135.40

159.30

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 Flier

Category/
Type

Activity or Event Identifier:

G08-Flier(10/10/2008)

(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

4455.03

Date

M M

1 0

/

D D

1 5

/

Y Y

2 0

Y Y

8

Transaction ID: H4.9859

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

25.54

144.75

170.29

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 Flier

Category/
Type

Activity or Event Identifier:

G08-Flier(10/10/2008)

(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

4591.26

Date

M M

1 0

/

D D

1 5

/

Y Y

2 0

Y Y

8

Transaction ID: H4.9860

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

20.44

115.79

136.23

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

395.94

395.94

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 16 / 18
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 Flier

Category/
Type

Activity or Event Identifier:
G08-Flier(10/10/2008)

(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

4712.11

Date 10 / 15 / 2008

Transaction ID: H4.9861

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

18.13

102.72

120.85

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 Flier

Category/
Type

Activity or Event Identifier:
G08-Flier(10/10/2008)

(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

4826.37

Date 10 / 15 / 2008

Transaction ID: H4.9862

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

17.14

97.12

114.26

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 Flier

Category/
Type

Activity or Event Identifier:
G08-Flier(10/10/2008)

(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

4941.73

Date 10 / 15 / 2008

Transaction ID: H4.9863

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

17.30

98.06

115.36

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

297.90

297.90

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 17 / 18

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 Flier

Category/
Type

Activity or Event Identifier:
G08-Flier(10/10/2008)

(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

5098.29

Date 10 / 15 / 2008

Transaction ID: H4.9864

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

23.48

133.08

156.56

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 Flier

Category/
Type

Activity or Event Identifier:
G08-Flier(10/10/2008)

(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

5227.38

Date 10 / 15 / 2008

Transaction ID: H4.9865

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

19.36

109.73

129.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

242.81

242.81

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

4443.27

4443.27

Image# 28992673516

Form/Schedule: **F3XN**

Transaction ID:

Software still is not functioning properly. Candidate office & district is not showing. Summary sheet information is correct. Schedule E Totals for each candidate are missing. These will be listed as a memo item for the General Election on the next filing.
