

# 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  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 41 STATE STREET  
 Check if different than previously reported. (ACC)  
ALBANY NY 12207

2. **FEC IDENTIFICATION NUMBER** C00105080  
**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 11 02 2010 in the State of NY

5. Covering Period 10 14 2010 through 11 22 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 Thomas Joseph Balch  
Signature of Treasurer Electronically Filed by Thomas Joseph Balch Date 12 02 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.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		4780.48
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	344.60									
(c) Total Receipts (from Line 19) .....	13414.00	13609.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	13758.60	18389.48								
7. Total Disbursements (from Line 31) .....	8787.66	13418.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4970.94	4970.94								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	9000.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1120.00									

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)

Write or Type Committee Name

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
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	4000.00
(ii) Unitemized .....	9414.00	9609.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13414.00	13609.00
(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) .....	13414.00	13609.00
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) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13414.00	13609.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13414.00	13609.00

## DETAILED SUMMARY PAGE

of Disbursements

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.....	5325.00	5325.00
(b) Other Federal Operating Expenditures.....	843.48	843.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6168.48	6168.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	2619.18	2750.06
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	4000.00
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))..	8787.66	13418.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3462.66	8093.54

**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) .....	13414.00	13609.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13414.00	13609.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	843.48	843.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	843.48	843.48

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

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

FOR LINE NUMBER: PAGE 6 / 17  
(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)  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jean Baric

Mailing Address 166 Superior Road

City State Zip Code  
Rochester NY 14625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** SA11AI.8280

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Brian Doherty

Mailing Address 3056 New Williamsburg Dr

City State Zip Code  
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2010

**Transaction ID:** SA11AI.8388

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Alan Mehldau

Mailing Address 20 Bourtonville Road

City State Zip Code  
South Salem NY 10590

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** SA11AI.8097

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Drew Menta

Mailing Address 1559 Elgin Ave

City State Zip Code  
East Meadow NY 11554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.8136

Amount of Each Receipt this Period

250.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Paul Reid

Mailing Address 11 Harding Ave.

City State Zip Code  
Lockport NY 14094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Reid Group CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.8384

Amount of Each Receipt this Period

250.00
--------

**C.**

Full Name (Last, First, Middle Initial)

Horace Wolcott

Mailing Address 5300 Stone Road

City State Zip Code  
Lockport NY 14094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.8103

Amount of Each Receipt this Period

500.00
--------

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00
---------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 17	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) John Zurrell		Date of Receipt																					
	Mailing Address 37 Aldred Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	1		2	0	1	0														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.8278																				
	Rockville Center	NY	11570	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> 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)

PAGE 9 / 17

<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

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)

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Deb Cody

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2010

Primary  General  
 Other (specify) ▼

State:

District:

Transaction ID: SB21B.8406

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

274.00

**B.**

Full Name (Last, First, Middle Initial)

Lori Kehoe

Mailing Address 2009 Western Ave

City

Albany

State

NY

Zip Code

12203

Purpose of Disbursement

Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2010

Primary  General  
 Other (specify) ▼

State:

District:

Transaction ID: SB21B.8413

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

569.48

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

843.48

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

843.48

**SCHEDULE C (FEC Form 3X)**

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

**LOANS**

NAME OF COMMITTEE (In Full)  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE  
**Transaction ID: SC/9.7927**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) NEW YORK STATE RIGHT TO LIFE COMMITTEE		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 41 STATE STREET M-100		
City ALBANY	State NY	ZIP Code 12207

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 02 Y Y Y Y 2009		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

**SCHEDULE C (FEC Form 3X)**

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

**LOANS**

NAME OF COMMITTEE (In Full)  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

Transaction ID: SC/9.8031

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
NEW YORK STATE RIGHT TO LIFE COMMITTEE

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 41 STATE STREET  
M-100

City ALBANY State NY ZIP Code 12207

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

**TERMS**

Date Incurred: MM DD YYYY (06 17 2010) Date Due: Interest Rate: Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	4000.00
<b>TOTALS</b> This Period (last page in this line only) .....	9000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Business Card			Nature of Debt (Purpose): Convention Ad-Mutiple candidates
Mailing Address P O Box 15710			
City Wilmington	State DE	ZIP Code 19886-5710	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.8426	
Amount Incurred This Period 400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CMPS			Nature of Debt (Purpose): Endorsement advertising-multiple candidates
Mailing Address P.O. Box 245			
City West Mystic	State CT	ZIP Code 06388-0245	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.8427	
Amount Incurred This Period 720.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 720.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Sir Speedy Printing			Nature of Debt (Purpose): Printing for multiple candidates
Mailing Address 467 Bedford Road			
City Pleasantville	State NY	ZIP Code 10570	

Outstanding Balance Beginning This Period 1913.05		<b>Transaction ID:</b> SD10.8052	
Amount Incurred This Period 0.00	Payment This Period 1913.05	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	1120.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 / 17	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Tigre-Strategics			Nature of Debt (Purpose): GOTV calls for multiple candidates
Mailing Address 4820 West San Jose Street			
City	State	ZIP Code	
Tampa	FL	33629	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.8038</b>	
464.84			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	464.84	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	1120.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	1120.00

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

NAME OF COMMITTEE (In Full) NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER <b>C</b> C00105080
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Mailing Address  
P O Box 15710

City State Zip Code  
Wilmington DE 19886-5710

Purpose of Expenditure  
Convention multiple candidates

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date  
M M / D D / Y Y Y Y  
**09 / 16 / 2010**

Amount  
**400.00**

Transaction ID: SE.8422

Office Sought:  House State: NY  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010  
**[MEMO ITEM]**

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

Mailing Address  
P.O. Box 245

City State Zip Code  
West Mystic CT 06388-0245

Purpose of Expenditure  
Endorsement advertising -multiple candidates

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date  
M M / D D / Y Y Y Y  
**10 / 21 / 2010**

Amount  
**720.00**

Transaction ID: SE.8424

Office Sought:  House State: NY  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010  
**[MEMO ITEM]**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

Thomas Joseph Balch  
Signature

Date **12 / 02 / 2010**

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

NAME OF COMMITTEE (In Full) NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00105080
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Sir Speedy Printing

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Mailing Address  
467 Bedford Road

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City Pleasantville	State NY	Zip Code 10570
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Purpose of Expenditure Advertising expense multiple candidates	Category/Type 004
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Name of Federal Candidate supported or Opposed by expenditure:

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Calendar Year-To-Date Per Election for Office Sought	1913.05
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Date  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Amount  
1913.05

**Transaction ID:** SE.8415

Office Sought:  House State: NY  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

Full Name (Last, First, Middle, Initial) of Payee  
Tigre-Strategics

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Mailing Address  
4820 West San Jose Street

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City Tampa	State FL	Zip Code 33629
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Purpose of Expenditure GOTV calls multiple candidates	Category/Type 004
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Name of Federal Candidate supported or Opposed by expenditure:

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Calendar Year-To-Date Per Election for Office Sought	2377.89
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Date  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Amount  
464.84

**Transaction ID:** SE.8417

Office Sought:  House State: NY  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	2377.89
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> 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.

Thomas Joseph Balch  
Signature

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

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

NAME OF COMMITTEE (In Full) NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00105080	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
Full Name (Last, First, Middle, Initial) of Payee Tigre-Strategics		Amount 241.29	
Mailing Address 4820 West San Jose Street		Transaction ID: SE.8403	
City Tampa	State FL	Zip Code 33629	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure GOTV Calls multiple candidates		Category/Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		241.29	

(a) SUBTOTAL of Itemized Independent Expenditures .....	241.29
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	2619.18
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.	
Thomas Joseph Balch Signature	Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0

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

NAME OF COMMITTEE (In Full)  
NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

**A. Full Name (Last, First, Middle Initial)**  
Campaign Headquarters / Capitol Resources, Inc.

Mailing Address  
700 E. Pleasant St / PO box 257

City	State	Zip Code	
Brooklyn	IA	52211	003

Purpose of Disbursement:  
Telemarketing / Fundraising

Activity or Event Identifier:  
Administrative

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  
575.00

Date 

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

  
**Transaction ID:** H4.8400

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		575.00		575.00

**B. Full Name (Last, First, Middle Initial)**  
Tigre-Strategics

Mailing Address  
4820 West San Jose Street

City	State	Zip Code	
Tampa	FL	33629	005

Purpose of Disbursement:  
Voter ID

Activity or Event Identifier:  
Administrative

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  
5325.00

Date 

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

  
**Transaction ID:** H4.8402

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		4750.00		4750.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		5325.00		5325.00

**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
0.00		5325.00		5325.00