

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED REG MAIL COLLECTIONS CENTER

JAN 20 2004 10:50 AM

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines. 12P84MS

ALLEN COUNTY RIGHT TO LIFE INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3409 CONESTOGA DR SUITE A FORT WAYNE IN 46808

2. FEC IDENTIFICATION NUMBER 000235867 3. IS THIS REPORT NEW (N) OR AMENDED (A) [checked] NEW

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20 (c) 12-Day PRE-Election Report for the: Primary, Convention, Election on (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2003 through 12 31 2003

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 01 17 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

07 01 2003

To:

12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003	2003	212327
(b) Cash on Hand at Beginning of Reporting Period	191736	
(c) Total Receipts (from Line 19)	82214	85123
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	273950	297450
7. Total Disbursements (from Line 31)	168817	192317
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	105133	105133
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	00	

This committee has qualified as a multicandidate committee. (see FEC FORM 114)

**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. 02/2003)

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Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07.01.2003

To:

12.31.2003

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) .....

(ii) Unitemized .....

(iii) TOTAL (add

Lines 11(a)(i) and (ii)) .....

82000

82000

84500

(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 83, 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 97, page 5) .....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....

17. Other Federal Receipts (Dividends, Interest, etc.) BANK .....

214

623

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)) .....

82214

85123

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

82214

85123

DETAILED SUMMARY PAGE  
of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	1688.17	1923.17
25. Coordinated Party Expenditures (2 U.S.C. §441b(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1688.17	1923.17
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)		

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

NAME OF COMMITTEE (in Full) <b>ALLEN COUNTY RIGHT TO LIFE (AC-POLITICAL ACTION) COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>C 00235861</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>THOMAS FREISTROFFER FOR CITY COUNCIL</b>	Date <b>10 17 2003</b>
Mailing Address <b>1804 PEMBERTON DR</b>	
City <b>FORT WAYNE</b>	State <b>IN</b>
Zip Code <b>46805</b>	
Amount <b>25000</b>	

Purpose of Expenditure <b>SUPPORT CANDIDATE</b>	Category Type	Office Sought	House <input type="checkbox"/>	Senate <input type="checkbox"/>	State
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOCAL</b>		President <input type="checkbox"/>			
Calendar Year-To-Date Per Election for Office Sought <b>25000</b>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>LOCAL ELECTION</b>			

Full Name (Last, First, Middle Initial) of Payee <b>LINDA BUSKIRK FOR MAYOR</b>	Date <b>10 17 2003</b>
Mailing Address <b>200 E MAIN ST. SUITE 130</b>	
City <b>FORT WAYNE</b>	State <b>IN</b>
Zip Code <b>46802</b>	
Amount <b>25000</b>	

Purpose of Expenditure <b>SUPPORT CANDIDATE</b>	Category Type	Office Sought	House <input type="checkbox"/>	Senate <input type="checkbox"/>	State
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOCAL</b>		President <input type="checkbox"/>			
Calendar Year-To-Date Per Election for Office Sought <b>25000</b>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>LOCAL ELECTION</b>			

(a) SUBTOTAL of itemized independent expenditures	<b>50000</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 **Ann Wall** Date **01 12 2004**

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>C 00235861</b>
Check if <input type="checkbox"/> 24-hour notices <input type="checkbox"/> 48-hour notices	

Full Name (Last, First, Middle Initial) of Payor <b>THOMAS DIDIER FOR CITY COUNCIL</b>	Date <b>7.0.17.2003</b>
Mailing Address <b>8213 BECETT'S RIDGE LANE</b>	Amount <b>2500.00</b>
City <b>FORT WAYNE</b> State <b>IN</b> Zip Code <b>46825</b>	
Purpose of Expenditure <b>SUPPORT CANDIDATE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOCAL</b>	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2500.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>LOCAL ELECTION</b>

Full Name (Last, First, Middle Initial) of Payor <b>FLOYD AND PARTNERS</b>	Date <b>11.10.2003</b>
Mailing Address <b>3634 NEW VISION DR.</b>	Amount <b>6000.00</b>
City <b>FORT WAYNE</b> State <b>IN</b> Zip Code <b>46845</b>	
Purpose of Expenditure <b>RADIO ADS</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOCAL PRO-LIFE CANDIDATES</b>	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>6000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>LOCAL ELECTION</b>

(a) SUBTOTAL of Itemized Independent Expenditures	<b>8500.00</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 **Annibal** Date **08.12.2004**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) <b>ALLEN COUNTY RIGHT TO LIFE (INC. POLITICAL ACTION COMMITTEE)</b>		FEC IDENTIFICATION NUMBER <b>000235861</b>
Check <input type="checkbox"/> 24-hour notice	<input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>ALLEN COUNTY RIGHT TO LIFE COMMITTEE INC.</b>	Date <b>11 10 2003</b>
Mailing Address <b>3409 CONESTOGA DR SUITE A</b>	Amount <b>31317</b>
City <b>FORT WAYNE</b>	State <b>IN</b>
Zip Code	

Purpose of Expenditure <b>ADVERTISING</b>	Category/Type	Office Sought:	House	State:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOCAL ENDORSEMENT AD IN NEWSPAPER</b>		Senate	President	District:
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
		<input type="checkbox"/> Other (specify) <b>LOCAL ELECTION</b>		

Full Name (Last, First, Middle Initial) of Payee <b>BANC ONE</b>	Date <b>2003</b>
Mailing Address	Amount <b>2500</b>
City	State
Zip Code	

Purpose of Expenditure <b>BANK CHECK FEES</b>	Category/Type	Office Sought:	House	State:
Name of Federal Candidate Supported or Opposed by Expenditure:		Senate	President	District:
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
		<input type="checkbox"/> Other (specify) <b>FEES</b>		

(a) SUBTOTAL of Itemized Independent Expenditures	<b>33817</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>168817</b>

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.

*Quinell* Date **01 12 2004**  
Signature

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1/12/04</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>PA</i> PREPARER	<i>1/12/04</i> DATE PREPARED