

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

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 ▲

C 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  
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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

MI

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Mrs. Susan Colligan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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 / D D / Y Y Y Y Y 10 / 18 / 2012 To: M M / D D / Y Y Y Y Y 11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2012		<span style="border: 1px solid black; padding: 2px;">3366.43</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">88954.75</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">35614.00</span>	<span style="border: 1px solid black; padding: 2px;">146778.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">124568.75</span>	<span style="border: 1px solid black; padding: 2px;">150144.43</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">124305.19</span>	<span style="border: 1px solid black; padding: 2px;">149880.87</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">263.56</span>	<span style="border: 1px solid black; padding: 2px;">263.56</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

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).....	35050.00	135700.00
(ii) Unitemized .....	564.00	11078.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35614.00	146778.00
(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) ..... ▶	35614.00	146778.00
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 Transfers (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)) ..... ▶	35614.00	146778.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ▶	35614.00	146778.00

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	548.93	1463.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	548.93	1463.30
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 Expenditures (use Schedule E) .....	123756.26	147417.57
25. Coordinated Party Expenditures (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) Allocated 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)) ..	124305.19	149880.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	124305.19	149880.87

**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) .....	35614.00	146778.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35614.00	146778.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	548.93	1463.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	548.93	1463.30

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

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

FOR LINE NUMBER: PAGE 6 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Right to Life of Michigan Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clarice M Baker**

Mailing Address 4013 Lakeridge Dr

City State Zip Code  
Holland MI 49424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11AI.11176**

Amount of Each Receipt this Period

1500.00

donation

Full Name (Last, First, Middle Initial)

**B. Cheryl L Byl**

Mailing Address 5286 - 5 Mile Road, NE

City State Zip Code  
Belmont MI 49306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Public Schools

Occupation

Pre-School Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11AI.11175**

Amount of Each Receipt this Period

1000.00

donation

Full Name (Last, First, Middle Initial)

**C. Donald Condit**

Mailing Address 2555 Frederick Dr, SE

City State Zip Code  
Grand Rapids MI 49506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Condit & Jebson

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : SA11AI.11157**

Amount of Each Receipt this Period

1000.00

donation

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

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

3500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

Full Name (Last, First, Middle Initial)

### A. Randall P Dice

Mailing Address 1645 Flowers Mill Dr, NE

City State Zip Code  
Grand Rapids MI 49525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Herkner Jewelers

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 24 / 2012

Transaction ID : SA11AI.11153

Amount of Each Receipt this Period

900.00

DONATION

Full Name (Last, First, Middle Initial)

### B. James A Goethals

Mailing Address 25580 Waneta Way

City State Zip Code  
Sturgis MI 49091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2012

Transaction ID : SA11AI.11239

Amount of Each Receipt this Period

100.00

donation

Full Name (Last, First, Middle Initial)

### C. Kathleen M Kelly

Mailing Address 5342 Rymoor Dr

City State Zip Code  
Sylvania OH 43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2012

Transaction ID : SA11AI.11241

Amount of Each Receipt this Period

1000.00

donation

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

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

2000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Right to Life of Michigan Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin Kelly**

Mailing Address 5342 Rymoor Dr

City State Zip Code  
 Sylvania OH 43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SJS Consulting

Occupation

Financial consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2012

Transaction ID : SA11Al.11240

Amount of Each Receipt this Period

5000.00

donation

Full Name (Last, First, Middle Initial)

**B. John C Kennedy III**

Mailing Address 4436 Broadmoor, SE

City State Zip Code  
 Kentwood MI 49512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto Cam Corp

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 19 2012

Transaction ID : SA11Al.11141

Amount of Each Receipt this Period

5000.00

donation

Full Name (Last, First, Middle Initial)

**C. Nancy G Kennedy**

Mailing Address 4436 Broadmoor, SE

City State Zip Code  
 Kentwood MI 49512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 19 2012

Transaction ID : SA11Al.11142

Amount of Each Receipt this Period

5000.00

donation

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

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

15000.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Right to Life of Michigan Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Barbara Listing**

Mailing Address 429 N fifth Street

City

Shepherd

State

MI

Zip Code

48883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Right to Life of Michigan

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : SA11Al.11130**

Amount of Each Receipt this Period

200.00

donation

Full Name (Last, First, Middle Initial)

## **B. Barbara Listing**

Mailing Address 429 N fifth Street

City

Shepherd

State

MI

Zip Code

48883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Right to Life of Michigan

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2012

**Transaction ID : SA11Al.11215**

Amount of Each Receipt this Period

500.00

donation

Full Name (Last, First, Middle Initial)

## **C. Andrew J Maguire**

Mailing Address 4348 Irene Drive

City

St Clair

State

MI

Zip Code

48079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11Al.11192**

Amount of Each Receipt this Period

50.00

donation

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

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

750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 10 OF 32  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Miller

Mailing Address 1741 Kinney Ave, NW

City State Zip Code  
Grand Rapids MI 49544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DH Blodgett - St Johns

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2012

Transaction ID : SA11Al.11158

Amount of Each Receipt this Period

400.00

donation

Full Name (Last, First, Middle Initial)

B. Paul Miller

Mailing Address 1741 Kinney Ave, NW

City State Zip Code  
Grand Rapids MI 49544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DH Blodgett - St Johns

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 08 / 2012

Transaction ID : SA11Al.11218

Amount of Each Receipt this Period

200.00

donation

Full Name (Last, First, Middle Initial)

C. William D Schuette

Mailing Address 5815 Woodduck Way

City State Zip Code  
Midland MI 48642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State of Michigan

Occupation

Attorney General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2012

Transaction ID : SA11Al.11147

Amount of Each Receipt this Period

1000.00

donation

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

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

1600.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Right to Life of Michigan Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert L. Shoemaker**

Mailing Address 9130 Hunter Lane

City State Zip Code  
 Traverse City MI 49684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 18 2012

Transaction ID : SA11AI.11126

Amount of Each Receipt this Period

5000.00

donation

Full Name (Last, First, Middle Initial)

**B. Terri Shoemaker**

Mailing Address 9130 Hunter Lane

City State Zip Code  
 Travewrse City MI 49684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 18 2012

Transaction ID : SA11AI.11127

Amount of Each Receipt this Period

5000.00

donation

Full Name (Last, First, Middle Initial)

**C. David Velting**

Mailing Address 2048 Stickley

City State Zip Code  
 Grand Rapids MI 49546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 26 2012

Transaction ID : SA11AI.11177

Amount of Each Receipt this Period

2000.00

donation

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

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

12000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Right to Life of Michigan Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James D Weil**

Mailing Address 71254 E Pond Creek Dr

City

Romeo

State

MI

Zip Code

48065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

Transaction ID : SA11AI.11129

Amount of Each Receipt this Period

200.00

donation

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

200.00

35050.00

<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

# Right to Life of Michigan Political Action Committee

523.93

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

523.93

523.93

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

 PAGE 14 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00101212
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date MM / DD / YYYY <b>10 / 25 / 2012</b>
Mailing Address 2801 Oak Industrial Park, NE		Amount <b>637.68</b>
City Grand Rapids	State MI	Zip Code 49509
Purpose of Expenditure Print Cong District Fliers	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <b>71600.46</b>		Transaction ID : SE.11162

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date MM / DD / YYYY <b>10 / 25 / 2012</b>
Mailing Address 2801 Oak Industrial Park, NE		Amount <b>637.67</b>
City Grand Rapids	State MI	Zip Code 49509
Purpose of Expenditure Print Cong District Fliers	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President 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 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <b>34825.43</b>		Transaction ID : SE.11163

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1275.35</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.

Mrs. Susan Colligan

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 11 / 2013**

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

 PAGE 15 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00101212       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2801 Oak Industrial Park, NE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           54.16         </div>	
City Grand Rapids	State MI	Zip Code 49509	Transaction ID : SE.11164
Purpose of Expenditure Print Cong District Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J BENISHEK		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           292.99         </div>		2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2801 Oak Industrial Park, NE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           63.89         </div>	
City Grand Rapids	State MI	Zip Code 49509	Transaction ID : SE.11165
Purpose of Expenditure Print Cong District Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM P HUIZENGA		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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           316.50         </div>		2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">118.05</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

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

 PAGE 16 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00101212         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2801 Oak Industrial Park, NE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           45.97         </div>	
City Grand Rapids	State MI	Zip Code 49509	Transaction ID : <b>SE.11166</b>
Purpose of Expenditure Print Cong District Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MI</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID LEE CAMP		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           253.13         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2801 Oak Industrial Park, NE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           42.67         </div>	
City Grand Rapids	State MI	Zip Code 49509	Transaction ID : <b>SE.11167</b>
Purpose of Expenditure Print Cong District Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MI</u> District: <u>06</u>
Name of Federal Candidate Supported or Opposed by Expenditure: FREDERICK STEPHEN UPTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           247.85         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">88.64</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </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

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y



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

 PAGE 17 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00101212         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 25 / 2012	
Mailing Address 2801 Oak Industrial Park, NE		Amount <span style="border: 1px solid black; padding: 2px;">41.74</span>	
City Grand Rapids	State MI	Zip Code 49509	Transaction ID : SE.11168
Purpose of Expenditure Print Cong District Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY L. WALBERG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">247.25</span>			

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 25 / 2012	
Mailing Address 2801 Oak Industrial Park, NE		Amount <span style="border: 1px solid black; padding: 2px;">34.45</span>	
City Grand Rapids	State MI	Zip Code 49509	Transaction ID : SE.11169
Purpose of Expenditure Print Cong District Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL J ROGERS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">206.66</span>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">76.19</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

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

[Electronically Filed]

Date

MM / DD / YYYY  
 04 / 11 / 2013

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

 PAGE 18 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00101212	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>25</div><div>2012</div></div>	
Mailing Address 2801 Oak Industrial Park, NE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41.74</div>	
City Grand Rapids	State MI	Zip Code 49509	Transaction ID : SE.11170
Purpose of Expenditure Print Cong District Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD CECIL VOLARIC		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">245.61</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>25</div><div>2012</div></div>	
Mailing Address 2801 Oak Industrial Park, NE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44.45</div>	
City Grand Rapids	State MI	Zip Code 49509	Transaction ID : SE.11171
Purpose of Expenditure Print Cong District Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure: CANDICE S. MILLER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">264.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">86.19</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

[Electronically Filed]

Date

 MM / DD / YYYY  
 04 / 11 / 2013

Signature

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

 PAGE 19 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00101212         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>
Mailing Address 2801 Oak Industrial Park, NE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.77</div>
City Grand Rapids	State MI	
Purpose of Expenditure Print Cong District Fliers	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: KERRY BENTIVOLIO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">237.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.11172

Full Name (Last, First, Middle Initial) of Payee <b>Custom Printers</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>
Mailing Address 2801 Oak Industrial Park, NE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.94</div>
City Grand Rapids	State MI	
Purpose of Expenditure Print Cong District Fliers	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: CYNTHIA KALLGREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">174.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.11173

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">71.71</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

[Electronically Filed]

Date

M M M

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04

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2013

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

 PAGE 20 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00101212	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Kelly, Scott &amp; Madison</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 23983 Network Place			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">35100.00</div>	
City Chicago	State IL	Zip Code 60673	Transaction ID : SE.11154	
Purpose of Expenditure Radio Spots		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">70962.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Kelly, Scott &amp; Madison</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 23983 Network Place			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">36222.30</div>	
City Chicago	State IL	Zip Code 60673	Transaction ID : SE.11187	
Purpose of Expenditure Radio Ads		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">107889.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">71322.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

[Electronically Filed]

Date

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Signature

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

 PAGE 21 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00101212       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Shoreline Media, Inc</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2012	
Mailing Address 202 N. Rsth PO Box 340		Amount <span style="border: 1px solid black; padding: 2px;">66.48</span>	
City Ludington	State MI	Zip Code 49431	Transaction ID : SE.11184
Purpose of Expenditure Newspaper Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71666.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Shoreline Media, Inc</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2012	
Mailing Address 202 N. Rsth PO Box 340		Amount <span style="border: 1px solid black; padding: 2px;">66.48</span>	
City Ludington	State MI	Zip Code 49431	Transaction ID : SE.11185
Purpose of Expenditure Newspaper Ad	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J BENISHEK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">359.47</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">132.96</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

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

[Electronically Filed]

Date

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 04 / 11 / 2013

Signature

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

 PAGE 22 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00101212         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name (Last, First, Middle Initial) of Payee <b>Shoreline Media, Inc</b>		Date <span style="border: 1px solid black; padding: 2px;">10 / 29 / 2012</span>	
Mailing Address 202 N. Rsth PO Box 340		Amount <span style="border: 1px solid black; padding: 2px;">66.48</span>	
City Ludington	State MI	Zip Code 49431	Transaction ID : SE.11186
Purpose of Expenditure Newspaper Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM P HUIZENGA		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 <span style="border: 1px solid black; padding: 2px;">382.98</span>		2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>WBCK-AM, Cumulus Broadcasting</b> <b>[MEMO ITEM]</b>		Date <span style="border: 1px solid black; padding: 2px;">10 / 24 / 2012</span>	
Mailing Address PO Box 643713		Amount <span style="border: 1px solid black; padding: 2px;">1672.20</span>	
City Cincinnati	State OH	Zip Code 45264-3713	Transaction ID : SE.11196
Purpose of Expenditure Oct Radio Buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		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 <span style="border: 1px solid black; padding: 2px;">0.00</span>		2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;">66.48</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;"></span>	
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 <u>Mrs. Susan Colligan</u> <div style="text-align: right;">[Electronically Filed]</div>		Date <span style="border: 1px solid black; padding: 2px;">04 / 11 / 2013</span>	

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

 PAGE 23 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00101212         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>WBCK-AM, Cumulus Broadcasting</b> <b>[MEMO ITEM]</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address PO Box 643713		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2819.70</div>	
City Cincinnati	State OH		
Purpose of Expenditure Nov Radio Buy	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: MI District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Western American Mailers</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25259.20</div>	
City Grand Rapids	State MI		
Purpose of Expenditure Postage, support mailing	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">35862.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">25259.20</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </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

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

 PAGE 24 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00101212         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Western American Mailers</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            10 / 18 / 2012         </div>
Mailing Address 5510 - 33rd, SE		Amount <div style="border: 1px solid black; padding: 2px;">           25259.19         </div>
City Grand Rapids	State MI	
Purpose of Expenditure Postage, support mailer	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:
Name of Federal Candidate Supported or Opposed by Expenditure: PETER HOEKSTRA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           34187.76         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.11135

Full Name (Last, First, Middle Initial) of Payee <b>WJIM-AM</b> <b>[MEMO ITEM]</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            10 / 24 / 2012         </div>
Mailing Address 3420 Pine Tree Rd		Amount <div style="border: 1px solid black; padding: 2px;">           2430.00         </div>
City Lansing	State MI	
Purpose of Expenditure Oct Radio Buy	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           0.00         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.11200

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">           25259.19         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">           25259.19         </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

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

 PAGE 25 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00101212       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>WJIM-AM</b> <b>[MEMO ITEM]</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address 3420 Pine Tree Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4392.00</div>	
City Lansing	State MI		
Purpose of Expenditure Nov Radio Buy	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: MI District:	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : SE.11210

Full Name (Last, First, Middle Initial) of Payee <b>WJR-AM, Cumulus Broadcasting</b> <b>[MEMO ITEM]</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address PO Box 645112 Ste 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11781.00</div>	
City Cincinnati	State OH		
Purpose of Expenditure Oct Radio Buy	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: MI District:	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : SE.11197

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

[Electronically Filed]

Signature

Date

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

 PAGE 26 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00101212         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>WJR-AM, Cumulus Broadcasting</b> <b>[MEMO ITEM]</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address PO Box 645112 Ste 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19714.50</div>	
City Cincinnati State OH Zip Code 45264-5112			
Purpose of Expenditure Nov Radio Buy	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.11206

Full Name (Last, First, Middle Initial) of Payee <b>WKMI-AM</b> <b>[MEMO ITEM]</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address PO Box 643168		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">727.20</div>	
City Cincinnati State OH Zip Code 45264-3168			
Purpose of Expenditure Oct Radio Buy	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.11199

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

[Electronically Filed]

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

 PAGE 27 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00101212         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>WKMI-AM</b> <b>[MEMO ITEM]</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            10 / 31 / 2012         </div>	
Mailing Address PO Box 643168		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">1288.80</span> </div>	
City Cincinnati	State OH	Zip Code 45264-3168	<b>Transaction ID : SE.11209</b>
Purpose of Expenditure Nov Radio Buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>WOOD-AM</b> <b>[MEMO ITEM]</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            10 / 24 / 2012         </div>	
Mailing Address PO Box 402549		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">4433.40</span> </div>	
City Atlanta	State GA	Zip Code 30384-2549	<b>Transaction ID : SE.11198</b>
Purpose of Expenditure Oct Radio Buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">0.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;"></span> </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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2013

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

 PAGE 28 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00101212       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>WOOD-AM</b> <b>[MEMO ITEM]</b>		Date <div style="border: 1px solid black; padding: 2px;">           10 / 31 / 2012         </div>	
Mailing Address PO Box 402549		Amount <div style="border: 1px solid black; padding: 2px;">           7830.90         </div>	
City Atlanta	State GA		
Purpose of Expenditure Nov Radio Buy	Category/ Type <div style="border: 1px solid black; padding: 2px;">           004         </div>	Office Sought: <input type="checkbox"/> House    State: MI <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           0.00         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.11208

Full Name (Last, First, Middle Initial) of Payee <b>WSGW-AM</b> <b>[MEMO ITEM]</b>		Date <div style="border: 1px solid black; padding: 2px;">           10 / 24 / 2012         </div>	
Mailing Address 1795 Tittabawassee		Amount <div style="border: 1px solid black; padding: 2px;">           1080.00         </div>	
City Saginaw	State MI		
Purpose of Expenditure Oct Radio Buy	Category/ Type <div style="border: 1px solid black; padding: 2px;">           004         </div>	Office Sought: <input type="checkbox"/> House    State: MI <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           0.00         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.11201

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">         _____       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">         _____       </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

[Electronically Filed]

Date

04 / 11 / 2013

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

 PAGE 29 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00101212       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>WSGW-AM</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
[MEMO ITEM]		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2012</div>	
Mailing Address 1795 Tittabawassee		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           2196.00         </div>	
City Saginaw	State MI	Zip Code 48604	Transaction ID : SE.11211
Purpose of Expenditure Nov Radio Buy	Category/ Type	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		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		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>WSGW-FM</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
[MEMO ITEM]		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2012</div>	
Mailing Address 1795 Tittabawassee		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           500.40         </div>	
City Saginaw	State MI	Zip Code 48604	Transaction ID : SE.11202
Purpose of Expenditure Oct Radio Buy	Category/ Type	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		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		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </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

[Electronically Filed]

Date

Signature

M M M / D D D / Y Y Y Y Y Y

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

 PAGE 30 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00101212
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>WSGW-FM</b> [MEMO ITEM]		Date MM / DD / YYYY <b>10 / 31 / 2012</b>
Mailing Address 1795 Tittabawassee		Amount <b>723.60</b>
City Saginaw	State MI	
Zip Code 48604	Transaction ID : <b>SE.11212</b>	
Purpose of Expenditure Nov Radio Buy	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>MI</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MITT ROMNEY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>WSJM-FM</b> [MEMO ITEM]		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address PO Box 107		Amount <b>2120.40</b>
City St Joseph	State MI	
Zip Code 49085	Transaction ID : <b>SE.11203</b>	
Purpose of Expenditure Oct Radio Buy	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>MI</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MITT ROMNEY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

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

Mrs. Susan Colligan

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 11 / 2013**

Signature

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

 PAGE 31 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00101212       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>WSJM-FM</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
[MEMO ITEM]		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2012</div>	
Mailing Address PO Box 107		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3400.20         </div>	
City St Joseph	State MI	Zip Code 49085	Transaction ID : SE.11213
Purpose of Expenditure Nov Radio Buy	Category/ Type	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>WTCM-AM</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
[MEMO ITEM]		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2012</div>	
Mailing Address 314 e Front St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           1620.00         </div>	
City Traverse City	State MI	Zip Code 49684	Transaction ID : SE.11204
Purpose of Expenditure Oct Radio Buy	Category/ Type	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </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

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

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

 PAGE 32 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Right to Life of Michigan Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00101212       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>WTCM-AM</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 31 / 2012</b>	
[MEMO ITEM] Mailing Address <b>314 e Front St</b>		Amount <span style="border: 1px solid black; padding: 2px;">2592.00</span>	
City <b>Traverse City</b>	State <b>MI</b>	Zip Code <b>49684</b>	<b>Transaction ID : SE.11214</b> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>MI</b> District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure <b>Nov Radio Buy</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MITT ROMNEY</b>		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 <span style="border: 1px solid black; padding: 2px;">0.00</span>			

Full Name (Last, First, Middle Initial) of Payee		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address		Amount <span style="border: 1px solid black; padding: 2px;"></span>	
City	State	Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">123756.26</span>

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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2013**