

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL ROOM 2006 OCT 11 A 8 16

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3409 CONESTOGA DR SUITE A FORT WAYNE IN 46808-1

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 00235861

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) [X] October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer ANNE M. WALL

Signature of Treasurer Anne M. Wall Date 10 02 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

26039202720

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **07** ' **01** ' **2006** To: **09** ' **30** ' **2006**

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2006		72868
(b) Cash on Hand at Beginning of Reporting Period.....	137496	
(c) Total Receipts (from Line 19)	4000	528391
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	141496	601259
7. Total Disbursements (from Line 31).....	101133	560896
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40363	40363
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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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

C 00235861

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 01 2006 To: 09 30 2006

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....	4000	528200
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	4000	528200
(b) Political Party Committees.....		
(c) Other Political Committees		
(such as PACs).....		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other		
Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees.....		
17. Other Federal Receipts		
(Dividends, <u>Interest</u> , etc.) BANK		191
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c)).....▶	4000	528391
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19).....▶		

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DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	101133	560896
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	101133	560896
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

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

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

Full Name (Last, First, Middle Initial) of Payee
STUTZMAN FOR STATE REPRESENTATIVE AND COMMITTEE TO ELECT DICK DODGE

Mailing Address
P.O. BOX 44054

City State Zip Code
INDIANAPOLIS IN 46244

Date
08 07 2006

Amount
100.00

Purpose of Expenditure
SUPPORT STATE CANDIDATES

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Office Sought: House Senate President
State: **IN** District: _____

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
MARLIN STUTZMAN FOR STATE REPRESENTATIVE

Mailing Address
250 W 600 N

City State Zip Code
HOWE IN 46746

Date
09 28 2006

Amount
100.00

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Office Sought: House Senate President
State: _____ District: _____

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	200.00
(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.

Anne Wallace Date **10 02 2006**
Signature

26039202724

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

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

Full Name (Last, First, Middle Initial) of Payee TAXPAYERS FOR GREG WALKER FOR STATE SENATOR		
Mailing Address 3129 25th STREET, UNIT 342		
City COLUMBUS	State IN	Zip Code 47203

Date 09' 28' 2006
Amount 40000

Purpose of Expenditure SUPPORT CANDIDATE	Category/Type
--	---------------

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	
Check One:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
--

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

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee FORT WAYNE NEWSPAPERS		
Mailing Address 600 W. MAIN ST.		
City FORT WAYNE	State IN	Zip Code 46802

Date 09' 28' 2006
Amount 39633

Purpose of Expenditure AD TO ENDORSE PRO LIFE CANDIDATES	Category/Type
--	---------------

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	
Check One:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
--

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

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	79633
(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.

Onne Wallace
Signature

Date **10' 02' 2006**

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

NAME OF COMMITTEE (In Full) **ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION** **COMMITTEE** **FEC IDENTIFICATION NUMBER** **00.0235861**

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee **CHASE BANK** Date **09 / 28 / 2006**

Mailing Address _____ Amount **15.00**

City _____ State _____ Zip Code _____

Purpose of Expenditure **BANK FEES** Category/Type _____ Office Sought: House State: _____
 Senate District: _____
 President

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

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

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

Mailing Address _____ Amount _____

City _____ State _____ Zip Code _____

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

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

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

(a) SUBTOTAL of Itemized Independent Expenditures **15.00**

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

(c) TOTAL Independent Expenditures **1011.33**

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

Signature Anne Waes Date **10 / 02 / 2006**

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

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER
 (3/2005)

10/4/06
 DATE PREPARED

26039202727