

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
Office Use Only

12FE4M3 2014 JAN 28 AM 11:52  
FEC MAIL CENTER

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

ALLEN COUNTY RIGHT TO LIFE INC  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3409 CONESTOGA DR SUITE A

Check if different than previously reported. (ACC)  
FORT WAYNE IN 46808

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00235861

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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)

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 2013 through 12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANNE M. WALL

Signature of Treasurer *Anne M. Wall* Date 01 15 2014

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							
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FEC FORM 3X  
Rev. 12/2004

14031163728

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

C 00235861

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 ' 2013** To: **12 ' 31 ' 2013**

14031163729

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2013</b>		<b>97777</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>92788</b>	
(c) Total Receipts (from Line 19).....	<b>07</b>	<b>2518</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>92795</b>	<b>100295</b>
7. Total Disbursements (from Line 31).....	<b>38872</b>	<b>46372</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>53923</b>	<b>53923</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<b>00</b>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<b>00</b>	

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

C00235861

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y

To:

M M / D D / Y Y Y Y

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

(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, Interest, etc.)... BANK

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)).....▶

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

Grid for Column A with handwritten entries: 07

Grid for Column B with handwritten entries: 2500, 18

07

2518

14031163730

DETAILED SUMMARY PAGE  
of Disbursements

14031163731

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).....	388.72	463.72
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))..	388.72	463.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

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

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

Full Name (Last, First, Middle Initial) of Payee <b>DAVE OBER</b>	Date <b>07 25 2013</b>
Mailing Address <b>1886 E 500 N</b>	Amount <b>5000</b>
City State Zip Code <b>ALBION IN 46701</b>	
Purpose of Expenditure <b>SUPPORT CANDIDATE</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>CATHIE HUMBARGER</b>	Date <b>08 01 2013</b>
Mailing Address <b>5444 THORNBRIAR LANE</b>	Amount <b>4972</b>
City State Zip Code <b>FORTWAYNE IN 46815</b>	
Purpose of Expenditure <b>MILEAGE TO DAVE OBER EVENT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <input type="text"/>
(c) TOTAL Independent Expenditures .....	▶ <input type="text"/>

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 Wall*  
Signature

Date **01 15 2014**

14031163732

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

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

Full Name (Last, First, Middle Initial) of Payee <b>CASEY COX</b>	Date <b>08' 23' 2013</b>
Mailing Address <b>110 W. BERRY ST. # 1100</b>	Amount <b>75.00</b>
City State Zip Code <b>FORT WAYNE IN 46805</b>	
Purpose of Expenditure <b>SUPPORT CANDIDATE</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>ALLEN COUNTY GOP BEAN DINNER</b>	Date <b>09' 19' 2013</b>
Mailing Address <b>135 WEST MAIN ST.</b>	Amount <b>60.00</b>
City State Zip Code <b>FORT WAYNE IN 46802</b>	
Purpose of Expenditure <b>SUPPORT PRO LIFE CANDIDATES</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	[ ]
(b) SUBTOTAL of Unitemized Independent Expenditures .....	[ ]
(c) TOTAL Independent Expenditures .....	[ ]

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

Signature: *Annell Wall* Date: **01' 15' 2014**

14031163733

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

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

Full Name (Last, First, Middle Initial) of Payee <b>CATHIE HUMBARGER</b>	Date <b>09 / 19 / 2013</b>
Mailing Address <b>5444 THORN BRIAR LANE</b>	Amount <b>15400</b>
City <b>FORT WAYNE</b>	State <b>IN</b>
State <b>IN</b>	Zip Code <b>46815</b>

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

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City	State
State	Zip Code

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<b>38872</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures .....	▶	

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

Signature: *Quinn Waal* Date: **01 / 15 / 2014**

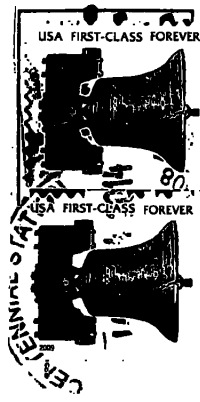
14031163734

14031163735

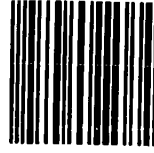
Allen County Right to Life  
Suite A  
3409 Conestoga Drive  
Fort Wayne, IN 46808



7013 1710 0000 1724 9560



1000

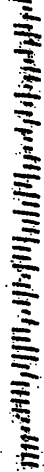


20463

FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC 20463

RECEIVED  
JAN 28 AM 11:00  
MAIL CENTER

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PAID  
FORT WAYNE, IN  
46808  
JAN 24 14  
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Federal Election Commission  
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Date of Receipt

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Date of Receipt

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*ED*

PREPARER  
(8/2013)

1/28/14

DATE PREPARED

14031163736