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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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galate;	Check if different			<u>J. l. l. l.</u>			<u> </u>	
	than previously reported. (ACC)	FORT W	AY NE		. لـــــ	1 N	4.68.0	31-
2. FEC	IDENTIFICATION N	IUMBER ▼	CITY		s	TATE A	ZIP	CODE A
C	0.0.2.3.5.8	6.1	3. IS THIS REPORT		IEW N) OR	AN Marie (A	MENDED)	·
	PE OF REPORT ose One)	(b) Monthly (c)	Feb 20 (M2)	A STATE OF THE STA	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a)	Quarterly Reports:	Due On:	Mar 20 (M3		lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
pes S	E April 15	121 121 121	Apr 20 (M4)		iul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
l. Itaa Itaa	Quarterly Report	(c) 12-Day		Primary (12P) inst	General	(12G)	Runoff (12R)
in.	I Outside the Desert	(Q2) PRE-Ele Report fo	\$2000E	Convention (12C)	Special	(12S)	
eres posts	Quarterly Report	(Q3)		M - U /	0.0	\ 	Ë.	the f
	Year-End Report July 31 Mid-Year	` '	Election on				Sta	ate of
i. Luci	Report (Non-elect Year Only) (MY)	ion (d) 30-Day POST-El	i oue	General (300	3) ()	Runoff ((30R)	Special (30S)
da da	(TER)		Election on	W. W.		majarangasangan Ambarangan	in i	the ate of
5. Cov	ering Period 0	7 01 2	0.13	through	12	31	201	3
_		this Report and to the		owledge and i	pelief it is true	e, correct ar	nd complete.	
Type or	Print Name of Treasu	rer <u>MNVC</u>	- 10(. (NILL				
Signatur	e of Treasurer	Qure N	1. Wa	U	Da	ate O	1 15	2014
NOTE: S	ubmission of false, erre	neous, or incomplete in	nformation may s	ubject the per	son signing thi	is Report to	the penalties o	of 2 U.S.C. §437g.
L	Office Use Only							ORM 3X 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

RIGHT TO LIFE INC POLITICAL ACTION

FEC Form 3X (Rev. 02/2003)

COUNT

Write or Type Committee Name

the Committee (Itemize all on

Schedule C and/or Schedule D)

Page 2

Report Covering the Period: From: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period...... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines Θ 6(a) and 6(c) for Column B)..... 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY

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

POLITICAL

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

RIGHT

Write or Type Committee Name

Page 3

Report Covering the Period: To: From: COLUMN B **COLUMN A** 1. Receipts **Total This Period** 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, (merest) etc.) ... BANK 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)

M

O

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))...

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

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	Total Tills Tellod	Calelidal Teal-to-Date
	(a) Allocated Federal/Non-Federal	and the state of t	\cdot . The state of the state o
	Activity (from Schedule H4)		
	(i) Federal Share	ระการที่ เลเลงส์ โดยเกลี้ โดยเลลี้โดยเกล้า โดยเลลี้โดยเลลี้ได้ เลเลรี้ได้ เลเลี้ได้เลเลลี้โดยเลลี้ เลเลงเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเ	net i de endemende ved i benedemen ende ved i haverdemen en en nomme en
	(ii) Non-Federal Share		
	(b) Other Federal Operating	े का प्राप्त के प्राप्त के का प्रत्य के विकास के प्रत्य के अपने के अपने के किए के अपने का का किए के अपने का का अपने के अपने के अपने का अपने का अपने के अपने के अपने के अपने का अपने का अपने का अपने का अपने का अपने का अपने क	the second secon
	Expenditures		р 1.
	(c) Total Operating Expenditures	The state of the s	man former beautiful and beautiful and beautiful and beautiful and beautiful
	(add 21(a)(i), (a)(ii), and (b))▶		
2.	Transfers to Affiliated/Other Party	Transmittere and Committee and The could be the Committee and the country of the Committee and Commi	a de la company
	Committees		
	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
1.	Independent Expenditures		
• •	(use Schedule E)	72272	463'
5.	Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)		
	· ·		
3	Loan Repayments Made		
7.	Loans Made		
в. В.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	· · · · · · · · · · · · · · · · · · ·		
	(b) Political Party Committees		
	, ,		
	(such as PACs)		
	(30011 03 1 / 103)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		33 25 25
	(200 20100 20(2), (0), 410 (0)/		
9.	Other Disbursements		is the same of the
<i>J</i> .	Curica Disputsements	eninken kant kant make at Bereken kan Bereken	The state of the s
n	Federal Election Activity (2 U.S.C. §431(20))	•	
٠.	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(,, 1 000101 011000		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely	and the colored heretaneous and heretaneous the colored and a second	
	With Federal Funds		5
		१८ राजानी स्थापना कर्ती हो है। अने सारी स्थापना कि स्थापनी है। या सारी स्थापना की प्रतास करें है। अस्य की उसकी उत्तर सामान्य का स्थापना का सामान्य की सामान	manufarantaman (Listan Kanadanan) dan Manufarantaman (Listan Kanadan) dan Manufarantaman (Listan Kanad
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	6 8 H 4 8 A W 8 2	
	Lines 30(a)(i), 30(a)(ii) and 30(0))	mandament and decoder medical discontinuous de la continuous de la continu	and the second s
1	Total Disbursements (add Lines 21(c), 22,		·
• •	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	S 0 0 H J	L/2 ~
	20, 27, 20, 20, 21, 20(0), 23 and 00(0))	an additional and the action of the addition of the additional and the additionaly additional and the additional and the additional and the additi	
2	Total Federal Disbursements		
۷.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	कारण प्याप्तिक कारणी कारणकारिकात्राम केरण प्याप्तिक प्राप्त सीमकारण केरण प्राप्त प्रत्य प्राप्त कारी व १९० वर्ष	person in mentalikan serial menerakan semilah pembanan melanan melansempika mentalisa dari
		•	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE. / OF 3 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Fuil)	
NAME OF COMMITTEE (In Full) ALLEN COUNTY RIGHT TO LIFE INC POLITORS ACTION CO	TICAL COO235861
Check if 24-hour notice 48-hour notice ACTION Co	Date
DAVE OBER Mailing Address 1886 E 500 N	07 25 2013
ALBION State Zip Code /N 46701	realise attendents and a separation of the survey and angular and any accordance to the individuality of the second terrorists and the interference and the second terrorists and the second terro
Purpose of Expenditure SUPPORT CANDIDATE Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: Senate District: President 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
CATHIE HUMBARGER Mailing Address	08 01 2013
5444 THORNBRIAR LANE	Amount
FORT WAYNE IN 46815	4972
Purpose of Expenditure MILEAGE TO DAVE OBER EVENT 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	procession and procession and procession and the contract of t
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	because the section of the section o
Under penalty of perjury I certify that the independent expenditures reported herein were rewith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
aure Wall	Λ / (S) 7 Λ / / /

Signature

CHEUULE E (FEC FORM 3X)	-
EMIZED INDEPENDENT EXPENDITURES	PAGE OF 3 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER -
ALLEN CAUNTY DIGHT TO LIFE INC. POLIT	ICAL CONTRACTOR OF THE PROPERTY OF THE PROPERT
ALLEN COUNTY RIGHT TO LIFE INC POLIT Check if 24-hour notice 48-hour notice ACTION CO	COO23586.I
Check if 24-hour notice 48-hour notice ACTION Full Name (Last, First, Middle Initial) of Payee	Date
	· ·
CASEY COX Mailing Address	08/23/2013
110 W. BERRY ST. # 1100	Amount
City State Zip Code	Secretary application of the property of quantum description of tentral appropriate an includent of the
FORT WAYNE IN 46805	Encounter as it is in the inchance in a his braid of a comment of incomplants
Purpose of Expenditure Category/	Office Sought: House State: //
SUPPORT CANDIDATE Type	Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	·
	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
ALLEN COUNTY GOP BEAN DINNER	0.9 1.9 20.13
Mailing Address	0.7 1.7 2013
135 WEST MAIN ST	Amount
City State Zip Code	COO
FORT WAYNE IN 46802	in manufacers and complete insurables resolven and Tower also were their security and the security
Purpose of Expenditure Category/ Type Type	Office Sought: House State: Senate District:
SUPPORT PRO LIFE CANDIDATES 1998 Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	and our flant continues of the second out of the
(a)	necessarial and times is an expension of the same the sam
(b) SUBTOTAL of Unitemized Independent Expenditures	and special residence as the assurance at our way for the many of the second to the second to
	town sales were the constitution of the consti
(c) TOTAL Independent Expenditures	mention is the proper and required comment has a graph was and a set, and have more for commission to see them and
	the state of the same of the angular with the state of the same and the same that a same in some
Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Signature Date	01152014

CHEDOLL E (1 LO 1 OHIII OX)	
FEMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF 3 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
ALLEN COUNTY RIGHT TO LIFE INC POLITOR CHeck if 24-hour notice 48-hour notice ACTION CO	TICAL CONTROL NORMER V
Charles Of the party and the Court and the C	mmittee 0.0.235.8.6.1
Full Name (Last, First, Middle Initial) of Payee	Date
CATHIE HUMBARGER Mailing Address	09/19/2013
5444 THORNBRIAR LANE	Amount
City State Zip Code	\$10.00 miles in the state of the second of t
FORT WAYNE IN 46815	be seemed a seemed the condensation of the seemed before the seemed of t
Purpose of Expenditure Category/	Office Sought: House State: //
MILEAGE + TICKET Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARUN STUTZMAN	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	· Land / Land / Land
Mailing Address	
	Amount
City State Zip Code	protection of photos of the state of the sta
Purpose of Expenditure Category/	Office Sought: House State:
Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President —
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	Same and and same such material and an advantage and an advantage and a such as a such
(a) SOBTOTAL OF REFINEED INDEPENDENT Experioration	town settlement amount of second second second second second second second second second
(b) SUBTOTAL of Unitemized Independent Expenditures	and the same of th
	time and the control of the control
(c) TOTAL Independent Expenditures	30877
	have and month in making a transfer of the Continued in Lands
Under penalty of perjury I certify that the independent expenditures reported herein were in with, or at the request or suggestion of, any candidate or authorized committee or agent of	
party committee) any political party committee or its agent.	
	1
Qualitael Date	handing hand of honorand of honorand deband his of

Signature

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







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STREET, NW

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WASHINGTON

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(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):