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# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12PS4M5

000235861

060402

N

ANNE WALL

ALLEN COUNTY RIGHT TO LIFE INC

POLITICAL ACTION COMMITTEE

3409 CONESTOGA DR SUITE A

FORT WAYNE

IN 46808

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000235861

3. IS THIS REPORT

NEW

(N)

OR

AMENDED

(A)

4. TYPE OF REPORT (Choose One)

(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) 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)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Report for the:

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

07/01/2002

through

06/30/2002

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

07/11/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5487g.

Office Use Only

FEC FORM 3X  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE IN POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <u>2002</u>		<u>130510</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>152771</u>	
(c) Total Receipts (from Line 18)	<u>266184</u>	<u>228445</u>
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	<u>418955</u>	<u>418955</u>
7. Total Disbursements (from Line 30)	<u>119001</u>	<u>119001</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	<u>299954</u>	<u>299954</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>00</u>	

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 20423

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form SX (Revised 1/01)

Page 3

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

04 01 2002

To:

06 30 2002

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 .....	2658.00	
(ii) TOTAL (add Lines 11(a)(i) and (ii) .....	2658.00	2863.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c); Carry Totals to Line 32, page 4) .....	2658.00	2863.00
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 36, page 4) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) <i>BANK</i> .....	384	2145
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	2661.84	2894.45
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	2661.84	2884.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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) .....	11,900.1	11,900.1
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	11,900.1	11,900.1
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....		
33. Total Contribution Refunds (from Line 28(d)) .....		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
36. Offsets to Operating Expenditures (from Line 13, page 3) .....		
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....		

**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>
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Full Name (Last, First, Middle Initial) of Payee <b>POSTMASTER</b>	Purpose of Expenditure <b>MAILING POSTAGE</b>	Category/Type
Mailing Address		
City <b>FORT WAYNE</b> State <b>IN</b> Zip Code <b>46802</b>	Name of Federal Candidate supported or opposed by expenditure: <b>MARK SOUDER</b>	
Date <b>4 30 2002</b> Amount <b>494.00</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle Initial) of Payee <b>JEFFERSON LETTER SERVICE</b>	Purpose of Expenditure <b>Address + SORT MAILING</b>	Category/Type
Mailing Address <b>1337 W. TILL Rd</b>		
City <b>FORT WAYNE</b> State <b>IN</b> Zip Code <b>46825</b>	Name of Federal Candidate supported or opposed by expenditure: <b>MARK SOUDER</b>	
Date <b>5 4 2002</b> Amount <b>406.00</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle Initial) of Payee <b>PERDUE PRINTED PRODUCTS</b>	Purpose of Expenditure <b>PRINT MAILING</b>	Category/Type
Mailing Address <b>P.O. BOX 10924</b>		
City <b>FORT WAYNE</b> State <b>IN</b> Zip Code <b>46854</b>	Name of Federal Candidate supported or opposed by expenditure: <b>MARK SOUDER</b>	
Date <b>4 30 2002</b> Amount <b>210.00</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	<b>1110.01</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, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this **05** day of **MAY**, **2002**

My Commission expires: **05** **05** **02**

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTARY PUBLIC

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

PAGE 2 OF 2  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER <b>000235861</b>
---	---

Full Name (Last, First, Middle Initial) of Payee <b>ALLEN COUNTY RIGHT TO LIFE NEWSLETTER</b>	Purpose of Expenditure <b>Ad</b>	Category/Type <input type="checkbox"/>
Mailing Address <b>3409 CONESTOGA - STE A</b>		Name of Federal Candidate supported or opposed by expenditure: <b>MARK SOUDER</b>
City <b>FORT WAYNE</b>	State <b>IN</b>	
	Zip Code <b>46808</b>	
Date <b>5 10 2002</b>	Amount <b>75.00</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Full Name (Last, First, Middle Initial) of Payee <b>BANC ONE</b>	Purpose of Expenditure <b>BANK FEE</b>	Category/Type <input type="checkbox"/>
Mailing Address		Name of Federal Candidate supported or opposed by expenditure: <b>NONE</b>
City <b>FORT WAYNE</b>	State <b>IN</b>	
	Zip Code	
Date <b>2 11 2002</b>	Amount <b>5.00</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:
City	State	
	Zip Code	
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	<b>80.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>119.00</b>

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or reproduction in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2002.

My Commission expires: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY PUBLIC

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

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<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i>	<i>7-17-02</i>
PREPARER	DATE PREPARED