FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 DEC 10 A 10: 50

Office Use Only

1. NAME OF COMMITTEE (In full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

RHODE ISLAND STATE RIGHT TO LIFE COMMITTEE INC

ADDRESS (number and street) ▼ 266 SMITH STREET

☐ Check if different than previously reported. (ACC)

PROVIDENCE | RI | 02908

2. **FEC IDENTIFICATION NUMBER ▼** C00426528

CITY ▲ STATE ▲ ZIP CODE ▲

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) ☐ 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 10/19/2006 through 11/27/2006

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 M. MICHAEL MOTTA

Signature of Treasurer M. Michael Motta Date 12/05/2006

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

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