



# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>Right to Life of Michigan Political Action Committee</b>		REPORT COVERING PERIOD FROM <b>7/20/00</b> TO: <b>9/30/00</b>	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....		\$162,376.00	\$229,951.00
ii. Unitemized .....	6794.70	6,794.70	35,872.70
iii. Total .....	(add i and ii) >	169,170.70	265,823.70
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....		800.00	3,800.00
d. Total Contributions .....	(add a iii, b and c) >	169,970.70	271,623.70
12. Transfers From Affiliated/Other Party Committees .....			
13. All Loans Received .....			
14. Loan Repayments Received .....			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			
17. Other Federal Receipts (Dividends, Interest, etc.) .....			
18. Transfers from Nonfederal Account for Joint Activity .....		23,611.18	27,137.18
19. Total Receipts .....	(add 11a, 12, 13, 14, 15, 16, 17, and 18) >	193,581.88	298,760.88
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	169,970.70	271,623.70
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....		960.00	1,304.00
ii. Non-Federal Share .....		23,611.18	27,137.18
b. Other Federal Operating Expenditures .....		600.00	714.68
c. Total Operating Expenditures .....	(add a i, a ii, and b) >	25,171.18	29,155.86
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			3,623.00
24. Independent Expenditures (use Schedule E) .....		59,635.05	101,656.91
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. Individual/Persons Other Than Political Committees .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds .....	(add a, b and c) >	.00	.00
29. Other Disbursements .....			
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	84,806.23	134,437.77
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >	61,195.05	107,300.59
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d) .....		169,970.70	271,623.70
33. Total Contribution Refunds (from line 28d) .....		.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		169,970.70	271,623.70
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >	1,560.00	2,018.68
36. Offsets to Operating Expenditures (from line 15) .....		.00	.00
37. Net Operating Expenditures .....	(subtract line 36 from 35) >	1,560.00	2,018.68

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 10  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Gardner 1500 W North St Apt B31 Jackson, MI 49202	Consumer Power 212 W Michigan Jackson, MI	8-2-00	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer Aggregate Year-to-Date > \$325.00		
Fred Patin 14057 Cottonwood Ave Sand Lake, MI 49343	Self employed	8-3-00	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Farmer Aggregate Year-to-Date > \$1000.00		
Bonnie Kolk 25 Counts CV Holland, MI 49423		7-31-00	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$1000.00		
George Eckhoff 1554 Broadview Dr Jenison, MI 49428	Eckhoff & Devries 1407 Chicago Drive Grand Rapids, MI	8-15-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Painting Contractor Aggregate Year-to-Date > \$500.00		
Paul Miller 1741 Kinney Ave NW Grand Rapids, MI 49544	DA Blodgett Services 805 Leonard Grand Rapids, MI	8-7-00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Supervisor Aggregate Year-to-Date > \$500.00		
Rita Quinn 6177 S Gatehouse Dr SE Grand Rapids, MI 49546		8-16-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$1000.00		
William Schafer 1860 Short Rd Saginaw, MI	Dow Chemical 433 MEC Midland, MI	7-31-00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Project Leader Aggregate Year-to-Date > \$500.00		

**SUBTOTAL of Receipts This Page (optional)** ..... 4700.00

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 2 OF 10  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Proulx 5321 S Dyewood Dr Flint, MI 48532	Retired	8-7-00	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Czarnecki 1648 Lochridge Rd Bloomfield Hills, MI 48302	Penske Corp 13400 Outer Dr Detroit, MI	8-9-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Virginia Czarnecki 1648 Lochridge Rd Bloomfield Hills, MI 48302	Homemaker	8-9-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joann Stevens 16725 - 3 Mile Rd Morley, MI 49336	Tri-County Schools 215 Edgerton Howard City, MI	8-10-00	352.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 352.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rev. Thomas J Hack 1716 - 6th St Muskegon, MI 49441	St Michael's Church 1716 - 6th St Muskegon, MI	8-3-00	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rev John Riccardo 2701 Chicago Blvd Detroit, MI 48206	Sacred Heart Seminary 2701 Chicago Blvd Detroit, MI	7-27-00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Peters 505 W Frank Birmingham, MI 48009	Homemaker	8-7-00	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	

SUBTOTAL of Receipts This Page (optional)

17582.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 10  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Peters 505 W Frank Birmingham, MI 48009	Penske Corp 13400 Outer Dr Detroit, MI	8-7-00	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 5000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce Cieslak 991 Grace Northville, MI 48167		8-17-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Kalman 145 W. 21st St Holland, MI 49423		8-17-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Wiltjer 7123 Brooklyn SE Grand Rapids, MI 49508		8-18-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 5000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Listing 429 N Fifth St Shepherd, MI 48883	RLM P.O. Box 901 Grand Rapids, MI	8-21-00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rev. John Riccardo 2701 Chicago Blvd Detroit, MI 48206	Sacred Heart Seminary 2701 Chicago Blvd Detroit, MI	8-21-00	212.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Catholic Priest Aggregate Year-to-Date > \$ 712.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merle Dawitt 8700 - 124th Ave West Olive, MI 49460	Request Foods, Inc. Donnelly Dr Holland, MI	8-23-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir of Manufacturing Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional) 12812.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laurence Burns D.O. 1556 Pontiac SE Grand Rapids, MI 49506	Advantage Health 260 Jefferson Grand Rapids, MI	8-28-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$250.00		
Barbara Listing 429 N Fifth St Shepherd, MI 48883	RLM P.O. Box 901 Grand Rapids, MI	9-5-00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$350.00		
Michael Fogg 2459 Lakeshore Dr N Holland, MI 49424	Fogg Filler Co 3455 J Donnelly Dr Holland, MI	9-6-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer Aggregate Year-to-Date > \$1000.00		
Arnold Ochs 14088 Bluff Rd Traverse City, MI 49686		9-6-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Retired Aggregate Year-to-Date > \$5000.00		
Joyce Ochs 14088 Bluff Rd Traverse City, MI 49686		9-6-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Retired Aggregate Year-to-Date > \$5000.00		
David Smies 7431 Biffje Dr Caledonia, MI 49316	Grand Real Estate 333 - 44th St Grand Rapids, MI	9-6-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sales Aggregate Year-to-Date > \$5000.00		
Joseph Kincaid 1231 Carriage Rd Portage, MI 49024	Self employed 1631 Gull Rd Kalamazoo, MI	8-30-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$1025.00		

SUBTOTAL of Receipts This Page (optional) .....

17350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Velting 2006 S Cross Creek Dr S.E. Grand Rapids, MI 49508	Retired	9-11-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 5000.00	
Dennis Freeman 2838 Wilkinson Rd Gaylord, MI 49735	Jo Berg Chr. Church P.O. Box 75 Gaylord, MI 49735	9-12-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Pastor	\$ 5000.00	
Jeffrey Byl 5286 - 5 Mile Rd Belmont, MI 49306	CB DeKorne 2 Sweet St Grand Rapids, MI	9-12-00	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Owner	\$ 750.00	
Robert Shoemaker 9130 Hunter Lane Traverse City, Mi 49684	Self Employed	9-14-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Investor	\$ 5000.00	
Louis Smith P.O. Box 705 Traverse City, MI 49685	Smith & Johnson 603 Bay St Traverse City, MI	9-13-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Attorney	\$ 1000.00	
Bryan Dugan 7705 Krisdale Saginaw, MI 48609	6480 State St Saginaw, MI	9-13-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Self employed	\$ 1000.00	
Ken Neyer 8858 Sunset Circle Traverse City, MI 49680		9-14-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Retired	\$ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 18,750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 6 OF 10  
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**NAME OF COMMITTEE (In Full)**

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Esther De Pree 2967 Lakeshore Dr Holland, MI 49424	Retired	9-15-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$5000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Kennedy 4070 E Paris SE Kentwood, MI 49512	Autocom Corp 4070 E Paris Kentwood, MI 49512	9-15-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$5000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Kennedy 4070 E Paris SE Kentwood, MI 49512	Homemaker	9-15-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$5000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rev. John Riccardo 2701 Chicago Blvd Detroit, MI 48206	Sacred Heart Seminary 2701 Chicago Blvd Detroit, MI	9-12-00	82.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Catholic Priest Aggregate Year-to-Date > \$794.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Heydlauff 224 E Shore Dr Jerome, MI 49249	Self employed	9-18-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant Aggregate Year-to-Date > \$250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penelope Sobanya 11061 - Old US 23 Fenton, MI 48430	Retired	9-18-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dee De Kryger P.O. Box 192 Fremont, MI 49412	Self employed 3677 S Osborn Fremont, MI	9-18-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sales Aggregate Year-to-Date > \$200.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 16532.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gail Wadell 5112 E Maple Rapids Rd Elsie, MI 48831	Self employed		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dairy Farmer	9-18-00	500.00
	Aggregate Year-to-Date >	\$ 500.00	
John Forrest 3890 Hallenius Rd Gaylord, MI 49735	Forrest Brothers, Inc. 1272 Milbocker Rd Gaylord, MI 49735		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self employed	9-20-00	2500.00
	Aggregate Year-to-Date >	\$ 2500.00	
Emajean Cook 6182 South Gatehouse SE Grand Rapids, MI 49546			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	9-20-00	5000.00
	Aggregate Year-to-Date >	\$ 5000.00	
Matt Forrest 1284 Hayes Tower Rd Gaylord, MI 49735	Forrest Brothers, Inc 1272 Milbocker Gaylord, MI 49735		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer	9-20-00	2500.00
	Aggregate Year-to-Date >	\$ 2500.00	
Rosemary Ryan 5066 Joewood Sanibel, FL 33957			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	9-20-00	5000.00
	Aggregate Year-to-Date >	\$ 5000.00	
Bernard Mollema 2647 Wyndham SE Grand Rapids, MI 49546			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	9-21-00	5000.00
	Aggregate Year-to-Date >	\$ 5000.00	
Sally Kuipers 8320 W S Ave Schoolcraft, MI 49087			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	9-21-00	250.00
	Aggregate Year-to-Date >	\$ 250.00	

SUBTOTAL of Receipts This Page (optional) ..... 20750.00

TOTAL This Period (last page this line number only) .....

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PAGE 8 OF 10  
FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (In Full)**

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas McIntyre 116 Cass St Traverse City, MI 49685	Passageways/Carlson Wagonlit travel P.O. Box 512 Traverse City, MI 49685 Chairman/CEO	9-21-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$5000.00		
Mike Cooper P.O. Box 650 Gaylord, MI 49734	Otsego County Gaylord, MI 49734 Judge	9-22-00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1000.00		
Mary Lou Dutkiewicz P.O. Box 188 Dorr, MI 49323	Wayland Transportation Wildcat Drive Wayland, MI 49348 Bus Driver	9-22-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
James Wierenga 3914 Grand St Grandville, MI 49418	David & Wierenga PC 50 Monroe St 720W Grand Rapids, MI 49503 Attorney	9-25-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
Theresa Jaruzel 2640 Big Lake Rd Gaylord, MI 49735	Retired	9-25-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Anna Jaruzel 2640 Big Lake Rd Gaylord, MI 49735	Retired	9-25-00	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$5000.00		
Richard Dutkiewicz P.O. Box 188 Dorr, MI 49323	Retired	9-25-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300.00		

SUBTOTAL of Receipts This Page (optional) .....

16900.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 10  
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laura Millward 642 Hidden Valley Traverse City, MI 49686		9/28/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Baker 9400 Ravine Ridge Dr. Caledonia, MI 49316	First Components, Inc. 4380 Brockton Dr. Grand Rapids, MI 49512	9/28/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clarice Baker 9400 Ravine Ridge Dr. Caledonia, MI 49316	First Components, Inc. 4380 Brockton Dr. Grand Rapids, MI 49512	9/28/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$5,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Cusack 4711 Bradford NE Grand Rapids, MI 49525	McDonald & Co. 250 Pearl St NW Grand Rapids, MI 49503	9/29/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Stockbroker		
	Aggregate Year-to-Date > \$5,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Meg Cusack 4711 Bradford NE Grand Rapids, MI 49525		9/29/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$5,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael T. O'Reilly Timmis 2950 FORT CHARLES NAPLES, FL 34102	Phone call & letter sent	9/29/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$5,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Smies 7431 Noffke Dr. Caledonia, MI 49316		9/29/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$5,000.00		

SUBTOTAL of Receipts This Page (optional) ..... \$35,000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 10  
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

**Right to Life of Michigan Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith DeWitt 12215 Crosswell St. West Olive, MI 49460	DeWitt Marketing P.O. Box 78 Zeeland, MI 49464	9/29/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales	Aggregate Year-to-Date > \$2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)  Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)  Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)  Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)  Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)  Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)  Aggregate Year-to-Date > \$	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... 2,000.00

TOTAL This Period (last page this line number only) ..... 162,376.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 117

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code Human Life PAC 2601 - 151st Rd NE Redmond, WA 98052  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 800.00	Date (month, day, year)  8-7-00	Amount of Each Receipt this Period  800.00
B. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE | OF |  
FOR LINE NUMBER  
21 of 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RLM News P.O. Box 901 Grand Rapids, MI 49509	Absentee ballot & district lists in ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-19-00	960.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

960.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 21b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Right to Life of Michigan Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Congressional district maps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
RLM News P.O. Box 901 Grand Rapids, MI 49509		9-19-00	600.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

600.00

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Central Michigan Paper P.O. Box 2649 Grand Rapids, MI 49501	Congressional District 01-16 Paper for Postcards	7-24-00	152.90	See allocation below <input type="checkbox"/> Support <input type="checkbox"/> Oppose
			113.41 MEMO	Spencer Abraham US Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			5.08 MEMO	Bart Stupak 1st Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			5.08 MEMO	Peter Hoekstra 2nd Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			.70 MEMO	Vern Ehlers 3rd Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			1.95 MEMO	Dave Camp 4th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			152.90	
(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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

NOTARY PUBLIC

Signature

DWR



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
			6.12 MEMO	James Barcia 5th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			15.30 MEMO	Mike Rogers 8th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			2.20 MEMO	Dale Kildee 9th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			3.06 MEMO	Joe Knollenberg 11th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Van Dyke Printing P.O. Box 9463 Wyoming, MI 49509	Congressional Districts 01-16 Print Postcards	7-24-00	209.18	See allocation below <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			155.12 MEMO	Spencer Abraham US Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			209.18	
(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 \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_\_.

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

NOTARY PUBLIC

Signature

Date

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
			6.95 MEMO	Bart Stupak 1st Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			6.95 MEMO	Peter Hoekstra 2nd Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			.96 MEMO	Vern Ehlers 3rd Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			2.67 MEMO	Dave Camp 4th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			8.38 MEMO	James Barcia 5th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			20.94 MEMO	Mike Rogers 8th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 0.00	
(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, 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 do 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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

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

NOTARY PUBLIC

Signature \_\_\_\_\_

Date \_\_\_\_\_

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
			3.01 MEMO	Dale Kildee 9th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			4.20 MEMO	Joe Knollenberg 11th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Axis Digital Print & Imaging 6532 Clay Ave SW Grand Rapids, MI 49509	Congressional District 01-16 Film for Postcards	7-25-00	49.69	See allocation below <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			42.89 MEMO	Spencer Abraham US Senate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
			.85 MEMO	Bart Stupak 1st Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			.85 MEMO	Peter Hoekstra 2nd Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 49.69	
(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 funding of dissemination, distribution, or publication 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 \_\_\_\_\_, 200\_\_\_\_.

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

NOTARY PUBLIC

Signature

Date

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
			.85 MEMO	Vern Ehlers 3rd Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			.85 MEMO	Dave Camp 4th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			.85 MEMO	James Barcia 5th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			.85 MEMO	Mike Rogers 8th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			.85 MEMO	Dale Kildee 9th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			.85 MEMO	Joe Knollenberg 11th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 0.00	
(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, 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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

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

NOTARY PUBLIC

Signature

Date

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Western American Mailers 720 Monroe N.W. Grand Rapids, MI 49503	Congressional District 01-16 Mailing charges postcard	8-4-00	1589.84	See allocation below <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		8-4-00	1194.81 MEMO	Spencer Abraham US Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		8-4-00	61.74 MEMO	Bart Stupak 1st Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		8-4-00	56.26 MEMO	Peter Hoekstra 2nd Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		8-4-00	6.80 MEMO	Vern Ehlers 3rd Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		8-4-00	24.23 MEMO	Dave Camp 4th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures .....			589.64	
(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, 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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC

Signature

Date

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Western American Mailers		8-4-00	55.78 MEMO	James Barcia 5th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		8-4-00	151.37 MEMO	Mike Rogers 8th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		8-4-00	25.26 MEMO	Dale Kildee 9th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		8-4-00	13.59 MEMO	Joe Knollenberg 11th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Central Michigan Paper P.O. Box 2649 Grand Rapids, MI 49501	Paper for friend to friend cards	9-14-00	412.30	See allocation below <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-14-00	123.69 MEMO	George Bush President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures .....			\$ <u>412.30</u>	
(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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

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

NOTARY PUBLIC

Signature \_\_\_\_\_

Date \_\_\_\_\_

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Central Michigan Paper		9-14-00	123.69 MEMO	Spencer Abraham US Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-14-00	82.46 MEMO	Al Gore President <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		9-14-00	82.46 MEMO	Debbie Stabenaw US Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Van Dyke Printing P.O. Box 9463 Wyoming, MI 49509	Print Friend to Friend Cards	9-14-00	391.16	See allocation below <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-14-00	117.35 MEMO	George Bush President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-14-00	117.35 MEMO	Spencer Abraham US Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 391.16	
(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, 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

NOTARY PUBLIC

Signature

Date

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payor	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Van Dyke P.O. Box 9463 Wyoming, MI 49509		9-14-00	78.23 MEMO	Al Gore President  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		9-14-00	78.23 MEMO	Debbie Stabenaw US Senate  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Central Michigan Paper P.O. Box 2649 Grand Rapids, MI 49501	Paper for flier	9-14-00	3226.00	See allocation below  <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-14-00	1863.00 MEMO	George Bush US President  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-14-00	1863.00 MEMO	Spencer Abraham US Senate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Van Dyke Printing P.O. Box 9463 Wyoming, MI 49509	Print Flier	9-19-00	2689.99	See Allocation below  <input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures .....			6415.99	
(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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

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

NOTARY PUBLIC

Signature

Date



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate Reported or Opposed by the Expenditure & Office Sought
Van Dyke		9-19-00	1345.00 MEMO	George Bush President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	1344.99 MEMO	Spencer Abraham US Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
RLM News P.O. Box 901 Grand Rapids, MI 49509	NA02 Endorsement ad	9-19-00	1440.00	See allocation below <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	480.00 MEMO	George Bush President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	480.00 MEMO	Spencer Abraham US Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	48.00 MEMO	Bart Stupak 1st Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$1440.00	
(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, 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, dissemination, distribution, or replication 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 \_\_\_\_\_, 19\_\_\_\_

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

NOTARY PUBLIC

Signature

Date

**ITEMIZED INDEPENDENT EXPENDITURES**

(See Reverse Side for Instructions)

Name of Committee (In Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
RLM News		9-19-00	48.00 MEMO	Peter Hoekstra 2nd Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	48.00 MEMO	Vern Ehlers 3rd Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	48.00 MEMO	Dave Camp 4th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	48.00 MEMO	James Barcia 5th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	48.00 MEMO	Mike Rogers 8th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-19-00	48.00 MEMO	Dale Kildee 9th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ <u>0.00</u>	
(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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

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

NOTARY PUBLIC

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ITEMIZED INDEPENDENT EXPENDITURES**

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Page	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
RLM News		9-14-00	48.00 MEMO	Tom Turner 10th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-14-00	48.00 MEMO	Joe Knollenberg 11th Congressional district <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9-14-00	48.00 MEMO	Bart Baron 12th Congressional district <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Central Michigan Paper P.O. Box 2649 Grand Rapids, MI 49501	Paper for flier	9-20-00	306.12	Mike Rogers 8th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Western American Mailers 720 Monroe Ave N.W. Grand Rapids, MI 49503	Postage/Mailing costs - flier	9-22-00	28401.29	See allocation below <input type="checkbox"/> Support <input type="checkbox"/> Oppose
			14200.65 MEMO	George Bush President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			<b>\$ 28707.41</b>	
(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, 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 \_\_\_\_\_, 20\_\_\_\_.

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

NOTARY PUBLIC

Signature \_\_\_\_\_

Date \_\_\_\_\_

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payor	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Western American Mailers 720 Monroe NW Grand Rapids, MI 49503		9-22-00	14200.64 Memo	Spencer Abraham US Senate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Van Dyke Printing P.O. Box 9463 Wyoming, MI 49509	Print flier	9/27/00	600.00	Mike Rogers 8th Congressional District  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Central Michigan Paper P.O. Box 2649 Grand Rapids, MI 49501	Paper for flier #2	9/27/00	4,648.05	See allocation below  <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		9/27/00	1,743.02 Memo	George W. Bush President  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9/27/00	1,743.02 Memo	Spencer Abraham U.S. Senate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9/27/00	581.01 Memo	Al Gore President  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures .....			\$ 5,248.05	
(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 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 \_\_\_\_\_, 2000.

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

NOTARY PUBLIC

Signature \_\_\_\_\_

Date \_\_\_\_\_

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Central Michigan Paper		9/27/00	581.00 Memo	Debbie Stabenow U.S. Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Western Michigan Mailers 720 Monroe NW Grand Rapids, MI 49503	Postage/ mailing charges - flier	9/27/00	12,172.23	See allocation below <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		9/27/00	6,086.12 Memo	George W. Bush President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9/27/00	6,086.11 Memo	Spencer Abraham U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Western American Mailers 720 Monroe NW Grand Rapids, MI 49503	Postage/ mailing charges - flier	9/29/00	2,789.30	Mike Rogers 8th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 14,961.53	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ 57.00	
(c) TOTAL Independent Expenditures			\$ 15,018.53	\$ 59,635.05

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.

*Judith Lachnit* 10/4/00  
 Signature Date

Subscribed and sworn to before me this 4 day of October, 2000

My Commission expires: 02-09-02  
*Judith A. Souder*  
 JUDITH A. SOUDER  
 SECRETARY PUBLIC

NAME OF COMMITTEE  
 Right to Life of Michigan Political Action Committee

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
Congressional District 01-16 Endorsement Postcards in Congressional District order ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	12.5%	87.5%
NA 02 Endorsement ad in RLM News ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	15%	85%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		

**RECEIPT SCHEDULE H3**  
(effective 1/1/91)

**TRANSFERS FROM  
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE <b>Right to Life of Michigan Political Action Committee</b>	TOTAL AMOUNT TRANSFERRED
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NAME OF ACCOUNT <b>Right to Life of Michigan State PAC</b>	DATE OF RECEIPT <b>7-24-00</b>	\$ <b>2534.56</b>
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising .....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) <b>CD 01-16 - Paper</b>			<b>1070.32</b>	
b) <b>CD 01-16 - Printing</b>			<b>1464.24</b>	
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....			<b>2534.56</b>	

NAME OF ACCOUNT <b>Right to Life of Michigan State PAC</b>	DATE OF RECEIPT <b>7-25-00</b>	\$ <b>347.81</b>
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising .....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) <b>CD 01-16 - film output</b>			<b>347.81</b>	
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....			<b>347.81</b>	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	

SUBTOTAL THIS PAGE .....			<b>2882.37</b>
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TOTAL THIS PERIOD .....			
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**RECEIPT SCHEDULE H3**  
(effective 1/1/91)

**TRANSFERS FROM  
NON-FEDERAL ACCOUNTS**

<b>NAME OF COMMITTEE</b> Right to Life of Michigan Political Action Committee	<b>TOTAL AMOUNT TRANSFERRED</b>
--	---------------------------------

<b>NAME OF ACCOUNT</b> Right to Life of Michigan State PAC	<b>DATE OF RECEIPT</b> 8-4-00	<b>\$</b> 11128.81
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising .....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) CD 01-16 - Mailing charges			11128.81	
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....				

<b>NAME OF ACCOUNT</b> Right to Life of Michigan State PAC	<b>DATE OF RECEIPT</b> 9-19-00	<b>\$</b> 9600.00
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....	1440			
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising .....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) NA - 02 - Newspaper Ad			8160.00	
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
<b>SUBTOTAL THIS PAGE</b> .....				20728.81
<b>TOTAL THIS PERIOD</b> .....				23611.18



JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

Right to Life of Michigan Political Action Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Central Michigan Paper P.O. Box 2649 Grand Rapids, MI 49501	Congressional District 01-16 Paper for Postcards	7-24-00	1223.22	See schedule E	1070.32
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1223.22 <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Van Dyke Printing P.O. Box 9463 Wyoming, MI 49509	Congressional District 01-16 Print Postcards	7-24-00	1673.42	See Schedule E	1464.24
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2896.64 <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Axis Digital Print 6532 Clay Ave S.W. Grand Rapids, MI 49509	Congressional District 01-16 Film Output	7-25-00	397.50	See Schedule E	347.81
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3294.14 <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Western American Mailers 720 Monroe N.W. Grand Rapids, MI 49503	Congressional District 01-16 Mailing Charges	8-4-00	12718.65	See Schedule E	11128.81
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 16012.79 <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT					
RLM News P.O. Box 901 Grand Rapids, MI 49509	NA 02 Endorsement AD	9-19-00	9600.00	See Schedule E	8160.00
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 9600.00 <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT					
RLM News P.O. Box 901 Grand Rapids, MI 49509	Absentee ballot & district lists in AD NA 02	9-19-00	2400.00	See Schedule B	1440.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 12000.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....			28012.79		23611.18
TOTAL THIS PERIOD (last page for each line only)(Fed share to 21 a i and non-Fed. share to 21 a ii) ...					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary report)					

