

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee	FEC IDENTIFICATION NUMBER C C00101212
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Wolverine Printing

Mailing Address
315 Grandville Ave, SW

City Grand Rapids	State MI	Zip Code 49503
----------------------	-------------	-------------------

Purpose of Expenditure Print 8th CD Postcard	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
MICHAEL J ROGERS

Calendar Year-To-Date Per Election for Office Sought	116.32
---	--------

Date
M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 6

Amount
9.59

Transaction ID: SE24.9267

Office Sought: House State: MI
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Wolverine Printing

Mailing Address
315 Grandville Ave, SW

City Grand Rapids	State MI	Zip Code 49503
----------------------	-------------	-------------------

Purpose of Expenditure Print 9th CD Postcard	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
MICHAEL J BOUCHARD

Calendar Year-To-Date Per Election for Office Sought	1172.12
---	---------

Date
M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 6

Amount
9.13

Transaction ID: SE24.9268

Office Sought: House State: MI
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	18.72
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

Mrs. Susan Colligan
Signature

Date M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6