

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

NAME OF COMMITTEE (In Full)
Right to Life of Michigan Political Action Committee

FED 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 RLM News	
Mailing Address 2340 Porter, SW	
City State Zip Code Grand Rapids MI 49509	
Purpose of Expenditure memo to file 48 hr report	Category/Type 004
Name of Federal Candidate supported or Opposed by expenditure: DALE E KILDEE	
Calendar Year-To-Date Per Election for Office Sought	0.00

Date
M M / D D / Y Y Y Y
09 / 20 / 2004

Amount
47.50

Transaction ID: SE24.7229

Office Sought: House State: MI
 Senate District: 05
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2004
Other (specify): _____
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee RLM News	
Mailing Address 2340 Porter, SW	
City State Zip Code Grand Rapids MI 49509	
Purpose of Expenditure memo to file 48 hr report	Category/Type 004
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL J ROGERS	
Calendar Year-To-Date Per Election for Office Sought	0.00

Date
M M / D D / Y Y Y Y
09 / 20 / 2004

Amount
47.50

Transaction ID: SE24.7230

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

Check One: Support Oppose

Disbursement For: Primary General 2004
Other (specify): _____
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	159.95
(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.

Signature _____ Date M M / J J / Y Y Y Y