PAC-
FEC
1/25

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Republican National Coalition for Life Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 618

CITY, STATE and ZIP CODE
Alton, IL 62002

2. FEC IDENTIFICATION NUMBER
C00255406

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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C001868

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 40,641.13
(b) Cash on Hand at Beginning of Reporting Period	$ 33,597.42	
(c) Total Receipts (from Line 19)	$ 291.85	$ 1,528.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 33,889.27	$ 42,169.27
7. Total Disbursements (from Line 30)	$ 6,450.00	$ 14,730.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 27,439.27	$ 27,439.27
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
John Schlafly; Assistant Treasurer

Signature of Treasurer
John Schlafly

Date
1/21/00

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

FEC FORM 3X
(revised 9/93)

FEMA021

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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)
Republican National Coalition for Life PAC -Non-Federal Expenses-

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Dan Perkins for State Senate 7700 Jewella Rd., #221 Shreveport, LA 71108	LA/State Senate Contribution Disbursement for: X Primary ☐ General ☐ Other (specify)	09/20/99	250.00
B. Anne Newman for State Senate 5202 Timberhurst San Antonio, TX 78250	TX/State Senate Contribution Disbursement for: ☐ Primary ☐ General X Other (specify) Special election 11/2/99	10/27/99	200.00
C. Woody Jenkins for Elections Commissioner 914 N. Foster Drive Baton Rouge, LA 70806	LA/Elections Commissioner Contribution Disbursement for: ☐ Primary ☐ General X Other (specify) Special Run-off	11/05/99	1,000.00
D. Ross Little for State Representative P.O. Box 52204 Lafayette, LA 70505	LA/State Rep. Dist. 43 Contribution Disbursement for: ☐ Primary ☐ General X Other (specify) Special Run-off	11/05/99	500.00
E. Diane Hensley Campaign P.O. Box 2004 Alvin, TX 77512	TX/State Rep. Dist. 25 Contribution Disbursement for: X Primary ☐ General ☐ Other (specify)	12/23/99	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	2,200.00

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