

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
The National Right to Work Committee PAC

ADDRESS (number and street) 8001 Braddock Road  
Suite 500  
 Check if different than previously reported. (ACC)  
North Springfield VA 22151-2110

2. **FEC IDENTIFICATION NUMBER** C00395533  
**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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of VA

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 Ms Anne M Coulter

Signature of Treasurer Electronically Filed by Ms Anne M Coulter Date 03 27 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
The National Right to Work Committee PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		27057.93
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	9533.85									
(c) Total Receipts (from Line 19) .....	7593.85	174686.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	17127.70	201744.66								
7. Total Disbursements (from Line 31) .....	19521.85	204138.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	-2394.15	-2394.15								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
The National Right to Work Committee PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6300.00	86475.00
(i) Itemized (use Schedule A) .....	1272.00	87788.33
(ii) Unitemized .....	7572.00	174263.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7572.00	174263.33
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	21.85	423.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7593.85	174686.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7593.85	174686.73

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5021.85	5801.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5021.85	5801.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	127787.74
24. Independent Expenditure (use Schedule E) .....	7500.00	70500.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19521.85	204138.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19521.85	204138.81

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	7572.00	174263.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7572.00	174213.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5021.85	5801.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5021.85	5801.07

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
The National Right to Work Committee PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Lenore F. Broughton		Date of Receipt MM / DD / YYYY 10 / 30 / 2006		
	Mailing Address 52 Henry Street		<b>Transaction ID:</b> SA11AI.17890		
	City Burlington	State VT	Zip Code 05401-3329	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David K. Overmier		Date of Receipt MM / DD / YYYY 10 / 20 / 2006		
	Mailing Address 937 Cardenas Drive S.E.		<b>Transaction ID:</b> SA11AI.17896		
	City Albuquerque	State NM	Zip Code 87108-4805	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Mine Salter			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. William N. Vaughan		Date of Receipt MM / DD / YYYY 11 / 17 / 2006		
	Mailing Address 7 Alden Rd. Edgar Manor		<b>Transaction ID:</b> SA11AI.17855		
	City Greenwich	State CT	Zip Code 06830	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Info. requested	Occupation Info. requested			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6300.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 14	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The National Right to Work Committee PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Chevy Chase Bank		Date of Receipt
	Mailing Address PO Box 1296		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Laurel	MD	20707
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="423.40"/>	Transaction ID: SA17.19675
			Amount of Each Receipt this Period <input type="text" value="21.85"/>
			Earnings Credit

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="21.85"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="21.85"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The National Right to Work Committee PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Chevy Chase Bank <hr/> Mailing Address PO Box 1296 <hr/> City Laurel State MD Zip Code 20707 <hr/> Purpose of Disbursement Analysis Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19674 Date of Disbursement 10 / 31 / 2006
	Amount of Each Disbursement this Period 21.85
	Category/ Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Curry Printing Co., LLC <hr/> Mailing Address 10730 Reading Road <hr/> City Cincinnati State OH Zip Code 45241 <hr/> Purpose of Disbursement in-kind: see Sch B, Line 23 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.17809 Date of Disbursement 10 / 24 / 2006
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 003
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5021.85

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

5021.85

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The National Right to Work Committee PAC

A.	Full Name (Last, First, Middle Initial) GRAF FOR CONGRESS	Transaction ID: SB23.17811 Date of Disbursement
	Mailing Address 287 W EL NOPAL	<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
	City GREEN VALLEY State AZ Zip Code 85614	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing expenses	<input type="text" value="5000.00"/>
	Candidate Name RANDALL RANDY GRAF	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	[MEMO ITEM]
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GRAF FOR CONGRESS	Transaction ID: SB23.17818 Date of Disbursement
	Mailing Address 287 W EL NOPAL	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
	City GREEN VALLEY State AZ Zip Code 85614	Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 Primary Debt Reduction	<input type="text" value="2000.00"/>
	Candidate Name RANDALL RANDY GRAF	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) HAYES FOR CONGRESS	Transaction ID: SB23.17821 Date of Disbursement
	Mailing Address Post Office Box 2000	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
	City Concord State NC Zip Code 28026	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="3000.00"/>
	Candidate Name ROBERT C (ROBIN) HAYES	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The National Right to Work Committee PAC

<b>A.</b> Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE <hr/> Mailing Address P. O. Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name MIKE PENCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.17822 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
	Amount of Each Disbursement this Period -1000.00
	Category/Type 011
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE <hr/> Mailing Address P. O. Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name MIKE PENCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.17823 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS <hr/> Mailing Address 3339 Harrison Ave. 3014 Harrison Ave. <hr/> City Cincinnati State OH Zip Code 45211 <hr/> Purpose of Disbursement Campaign contribution Candidate Name STEVE CHABOT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.17814 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The National Right to Work Committee PAC

A.

Full Name (Last, First, Middle Initial)  
STEVE CHABOT FOR CONGRESS

Transaction ID: SB23.17819

Date of Disbursement

Mailing Address 3339 Harrison Ave.  
3014 Harrison Ave.

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

City Cincinnati State OH Zip Code 45211

Amount of Each Disbursement this Period

-3000.00
----------

Purpose of Disbursement  
Campaign contribution

011
Category/ Type

Candidate Name  
STEVE CHABOT

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: OH District: 01

B.

Full Name (Last, First, Middle Initial)  
STEVE CHABOT FOR CONGRESS

Transaction ID: SB23.17820

Date of Disbursement

Mailing Address 3339 Harrison Ave.  
3014 Harrison Ave.

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

City Cincinnati State OH Zip Code 45211

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
Campaign contribution

011
Category/ Type

Candidate Name  
STEVE CHABOT

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: OH District: 01

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

0.00
------

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

7000.00
---------

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

NAME OF COMMITTEE (In Full) The National Right to Work Committee PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00395533
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee Tele-Video Production & Advertising Agency		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 289 Independence Blvd. Pembroke 3, Ste. 144		Amount 7500.00
City State Zip Code Virginia Beach VA 23462		Transaction ID: SE.17805
Purpose of Expenditure TV ads		Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: E BENJAMIN NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		2006
		70500.00

(a) SUBTOTAL of Itemized Independent Expenditures .....	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	7500.00
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.	
Ms Anne M Coulter Signature	Date M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 8

**Image# 28930999274**

Form/Schedule: **SB23** check lost for original contribution dated 11/09/2005

Transaction ID: **SB23.17822**

Form/Schedule: **SB23** Replaces lost check dated 11/09/2005

Transaction ID: **SB23.17823**

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**Image# 28930999275**

Form/Schedule: **SB23** check lost for original contribution dated 9/25/2006

Transaction ID: **SB23.17819**

Form/Schedule: **SB23** Replaces lost check dated 9/25/2006

Transaction ID: **SB23.17820**

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