

**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

Ohio Right To Life Society, Inc. PAC

ADDRESS (number and street)

2238 S. Hamilton Road

Suite 2

☐ Check if different
than previously
reported. (ACC)

Columbus

OH

43228

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00097196

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

11

07

2006

in the
State of

OH

(d) 30-Day

Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2006

through

10

18

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

Angela Alexander Savino

Signature of Treasurer

Electronically Filed by Angela Alexander Savino

Date

10

18

2006

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									
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Ohio Right To Life Society, Inc. PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

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		8246.25
(b) Cash on Hand at Beginning of Reporting Period	19506.62	
(c) Total Receipts (from Line 19)	990.00	15228.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20496.62	23474.45
7. Total Disbursements (from Line 31)	14857.56	17835.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5639.06	5639.06
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Ohio Right To Life Society, Inc. PAC

Report Covering the Period:

From:

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

To:

M M
1 0D D
1 8Y 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	300.00	2050.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	690.00	13162.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	990.00	15212.57
(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) ➡	990.00	15212.57
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.)	0.00	15.63
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))	990.00	15228.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	990.00	15228.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	822.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	822.23
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E)		3627.69	4124.80
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	0.00
(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	0.00
29. Other Disbursements.....		11229.87	12888.36
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))..		14857.56	17835.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		14857.56	17835.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	990.00	15212.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	990.00	15212.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	822.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	822.23

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

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

FOR LINE NUMBER: PAGE 6 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Ohio Right To Life Society, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Jack Dolan

Mailing Address 50 Heffron Dr.
Apt. C

City State Zip Code
Fairfield OH 45014

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
self employed business man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11A1.12171

Amount of Each Receipt this Period

300.00

fundraiser

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 66

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Right To Life Society, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Center for Life and Hope

Mailing Address 2238 South Hamilton Road

City Columbus State OH Zip Code 43232

Purpose of Disbursement
mailing labels

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12255

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	6

Amount of Each Disbursement this Period

879.43

Full Name (Last, First, Middle Initial)

B. Graphic Services Group

Mailing Address 9551 Lake of the Woods Dr.

City Galena State OH Zip Code 43021

Purpose of Disbursement
printing of ballot cards

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12225

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	6

Amount of Each Disbursement this Period

3828.33

Full Name (Last, First, Middle Initial)

C. Graphic Services Group

Mailing Address 9551 Lake of the Woods Dr.

City Galena State OH Zip Code 43021

Purpose of Disbursement
bulk mailing of ballot cards

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12229

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

912.79

SUBTOTAL of Disbursements This Page (optional) ►

5620.55

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

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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Right To Life Society, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Graphic Services Group

Mailing Address 9551 Lake of the Woods Dr.

City Galena State OH Zip Code 43021

Purpose of Disbursement
mailing services for ballot cards

Candidate Name

004
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12273

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

648.85

Full Name (Last, First, Middle Initial)

B. The Catholic Exponent

Mailing Address PO Box 6787

City Youngstown State OH Zip Code 44501

Purpose of Disbursement
publication

Candidate Name

004
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12189

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

453.24

Full Name (Last, First, Middle Initial)

C. The Catholic Times

Mailing Address 197 E. Gay St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement
publication

Candidate Name

004
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12187

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

605.82

SUBTOTAL of Disbursements This Page (optional)

1707.91

TOTAL This Period (last page this line number only)

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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Right To Life Society, Inc. PAC

Full Name (Last, First, Middle Initial)

A. The Catholic Universe Bulletin

Mailing Address 1027 Superior Ave.

City Cleveland State OH Zip Code 44114

Purpose of Disbursement
publication

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12191

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

1240.68

Full Name (Last, First, Middle Initial)

B. The Steubenville Register

Mailing Address P.O. Box 160

City Steubenville State OH Zip Code 43952

Purpose of Disbursement
publication

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12185

Date of Disbursement

10 / 09 / 2006

Amount of Each Disbursement this Period

470.55

Full Name (Last, First, Middle Initial)

C. U.S. Postmaster

Mailing Address 850 Twin Rivers Drive

City Columbus State OH Zip Code 43216

Purpose of Disbursement
postage for ballot cards

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.12293

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2143.22

SUBTOTAL of Disbursements This Page (optional)

3854.45

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Right To Life Society, Inc. PAC

Full Name (Last, First, Middle Initial)

A. United Parcel Service

Mailing Address 5101 Trabue Road

City
ColumbusState
OHZip Code
43228Purpose of Disbursement
bulk mailing of ballot cards

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.12314

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Amount of Each Disbursement this Period

4.98

Full Name (Last, First, Middle Initial)

B. United Parcel Service

Mailing Address 5101 Trabue Road

City
ColumbusState
OHZip Code
43228Purpose of Disbursement
bulk mailing ballot cards

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.12327

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	6

Amount of Each Disbursement this Period

41.98

SUBTOTAL of Disbursements This Page (optional)

46.96

TOTAL This Period (last page this line number only)

11229.87

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 / 66

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Ohio Right To Life Society, Inc. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Graphic Services GroupNature of Debt (Purpose):
printing of ballot cards

Mailing Address 9551 Lake of the Woods Dr.

City State ZIP Code
Galena OH 43021

Outstanding Balance Beginning This Period

3828.33

Transaction ID: SD10.12119

Amount Incurred This Period

0.00

Payment This Period

3828.33

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Graphic Services GroupNature of Debt (Purpose):
printing of ballot cards

Mailing Address 9551 Lake of the Woods Dr.

City State ZIP Code
Galena OH 43021

Outstanding Balance Beginning This Period

1225.55

Transaction ID: SD10.12122

Amount Incurred This Period

0.00

Payment This Period

1225.55

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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

0.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 325.27	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12257	
Purpose of Expenditure mailing labels		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2657.57			
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 120.27	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12259	
Purpose of Expenditure mailing labels		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		325.27	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 61.52	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12260	
Purpose of Expenditure mailing labels		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 6.55	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12261	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL D DOVILLA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 2238 South Hamilton Road		Amount 28.84	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12262	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CRAIG MR. FOLTIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 2238 South Hamilton Road		Amount 8.88	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12263	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN C LATOURETTE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
<input type="checkbox"/> Check if 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 2238 South Hamilton Road		Amount 5.09	
City Columbus		State OH	
Zip Code 43232		Transaction ID: SE24.12264	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DEBORAH D. PRYCE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 2238 South Hamilton Road		Amount 4.42	
City Columbus		State OH	
Zip Code 43232		Transaction ID: SE24.12265	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEANNETTE H SCHMIDT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 13.55	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12266	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHUCK BLASDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 13.55	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12267	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A JR WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 8.16	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12268	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES D JORDAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 8.16	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12270	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E GILLMOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Center for Life and Hope		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2238 South Hamilton Road		Amount 4.57	
City State Zip Code Columbus OH 43232		Transaction ID: SE24.12272	
Purpose of Expenditure mailing labels		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J RYAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 1225.55	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12227	
Purpose of Expenditure printing of ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1299.05			
(a) SUBTOTAL of Itemized Independent Expenditures		1225.55	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 319.46	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12231	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2329.73			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 469.54	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12233	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		319.46	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 239.69	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12234	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 53.70	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12235	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CRAIG MR. FOLTIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 36.63	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12236	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES D JORDAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 51.65	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12238	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E GILLMOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date MM / DD / YYYY 10 / 13 / 2006	
Mailing Address 9551 Lake of the Woods Dr.		Amount 59.26	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12239	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOY PADGETT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date MM / DD / YYYY 10 / 13 / 2006	
Mailing Address 9551 Lake of the Woods Dr.		Amount 22.47	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12240	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN C LATOURETTE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 13 / 2006</div> </div>	
Mailing Address 9551 Lake of the Woods Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34.05</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Galena</div> <div>State OH</div> <div>Zip Code 43021</div> </div>		Transaction ID: SE24.12241	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHUCK BLASDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 13 / 2006</div> </div>	
Mailing Address 9551 Lake of the Woods Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34.05</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Galena</div> <div>State OH</div> <div>Zip Code 43021</div> </div>		Transaction ID: SE24.12242	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A JR WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>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.</p>			
Angela Alexander Savino Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 18 / 2006</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 9.26	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12243	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J RYAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 13.86	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12245	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVE CHABOT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

PAGE 25 / 66

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 13 / 2006</div> </div>	
Mailing Address 9551 Lake of the Woods Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.17</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Galena</div> <div>State OH</div> <div>Zip Code 43021</div> </div>		Transaction ID: SE24.12246	
Purpose of Expenditure bulk mailing of ball-ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEANNETTE H SCHMIDT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		[MEMO ITEM]	

Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 13 / 2006</div> </div>	
Mailing Address 9551 Lake of the Woods Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29.66</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Galena</div> <div>State OH</div> <div>Zip Code 43021</div> </div>		Transaction ID: SE24.12247	
Purpose of Expenditure bulk mailing of ball-ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN A BOEHNER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		[MEMO ITEM]	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Angela Alexander Savino

Signature

Date

MM / DD / YY
10 / 18 / 2006

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 26 / 66

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date MM / DD / YYYY 10 / 13 / 2006	
Mailing Address 9551 Lake of the Woods Dr.		Amount 15.02	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12248	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL R TURNER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date MM / DD / YYYY 10 / 13 / 2006	
Mailing Address 9551 Lake of the Woods Dr.		Amount 32.34	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12249	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE HOBSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

PAGE 27 / 66

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 23.10	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12250	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL D DOVILLA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 31.11	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12251	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DEBORAH D. PRYCE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

PAGE 28 / 66

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 31.69	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12252	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK J TIBERI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 239.84	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12275	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2897.41			
(a) SUBTOTAL of Itemized Independent Expenditures		239.84	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 90.09	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12277	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 45.86	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12279	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

PAGE 30 / 66

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 17.36	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12280	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CRAIG MR. FOLTIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 6.35	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12281	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN C LATOURETTE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

PAGE 31 / 66

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 8.09	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12282	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHUCK BLASDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 8.08	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12283	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A JR WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

PAGE 32 / 66

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00097196</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 9551 Lake of the Woods Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2.60</div>	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12284	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J RYAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div> [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 9551 Lake of the Woods Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">6.55</div>	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12285	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL D DOVILLA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div> [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>	
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.			
Angela Alexander Savino Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 5.37	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12286	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DEBORAH D. PRYCE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 6.94	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12287	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE HOBSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 9.97	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12288	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK J TIBERI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 9551 Lake of the Woods Dr.		Amount 18.47	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12289	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOY PADGETT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 9551 Lake of the Woods Dr.		Amount 2.89	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12290	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEANNETTE H SCHMIDT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 9551 Lake of the Woods Dr.		Amount 5.61	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12291	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES D JORDAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Graphic Services Group		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 9551 Lake of the Woods Dr.		Amount 5.61	
City State Zip Code Galena OH 43021		Transaction ID: SE24.12292	
Purpose of Expenditure mailing services for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E GILLMOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Exponent		Date MM / DD / YYYY 10 / 11 / 2006	
Mailing Address PO Box 6787		Amount 139.32	
City State Zip Code Youngstown OH 44501		Transaction ID: SE24.12210	
Purpose of Expenditure publication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1555.07			
(a) SUBTOTAL of Itemized Independent Expenditures		139.32	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Exponent		Date M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box 6787		Amount 46.44	
City State Zip Code Youngstown OH 44501		Transaction ID: SE24.12212	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Exponent		Date M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box 6787		Amount 23.22	
City State Zip Code Youngstown OH 44501		Transaction ID: SE24.12213	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHUCK BLASDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Exponent		Date M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box 6787		Amount 23.22	
City State Zip Code Youngstown OH 44501		Transaction ID: SE24.12214	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A JR WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Exponent		Date M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box 6787		Amount 23.22	
City State Zip Code Youngstown OH 44501		Transaction ID: SE24.12215	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN C LATOURETTE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Exponent		Date M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box 6787		Amount 23.22	
City State Zip Code Youngstown OH 44501		Transaction ID: SE24.12216	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J RYAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Times		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 197 E. Gay St.		Amount 176.68	
City State Zip Code Columbus OH 43215		Transaction ID: SE24.12199	
Purpose of Expenditure publication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2010.27			
(a) SUBTOTAL of Itemized Independent Expenditures		176.68	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Times		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 197 E. Gay St.		Amount 50.48	
City State Zip Code Columbus OH 43215		Transaction ID: SE24.12201	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Times		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 197 E. Gay St.		Amount 37.86	
City State Zip Code Columbus OH 43215		Transaction ID: SE24.12202	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOY PADGETT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Times		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 197 E. Gay St.		Amount 12.62	
City State Zip Code Columbus OH 43215		Transaction ID: SE24.12203	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEANNETTE H SCHMIDT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Times		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 197 E. Gay St.		Amount 12.62	
City State Zip Code Columbus OH 43215		Transaction ID: SE24.12204	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES D JORDAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Times		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 197 E. Gay St.		Amount 12.62	
City State Zip Code Columbus OH 43215		Transaction ID: SE24.12205	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHUCK BLASDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Times		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 197 E. Gay St.		Amount 12.62	
City State Zip Code Columbus OH 43215		Transaction ID: SE24.12206	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A JR WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC	FEC IDENTIFICATION NUMBER ▼ C C00097196
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

The Catholic Times

Mailing Address

197 E. Gay St.

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

publication

Category/

Type

004

Name of Federal Candidate supported or Opposed by expenditure:

DAVID LEE HOBSON

Calendar Year-To-Date Per Election

for Office Sought

0.00

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Amount

12.62

Transaction ID: SE24.12207

Office Sought:

☒ House

State: OH

☐ Senate

District: 07

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2006☐ Other (specify) : _____

[MEMO ITEM]

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

The Catholic Times

Mailing Address

197 E. Gay St.

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

publication

Category/

Type

004

Name of Federal Candidate supported or Opposed by expenditure:

PATRICK J TIBERI

Calendar Year-To-Date Per Election

for Office Sought

0.00

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Amount

12.62

Transaction ID: SE24.12208

Office Sought:

☒ House

State: OH

☐ Senate

District: 12

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2006☐ Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures

0.00

(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.

Angela Alexander Savino

Signature

Date

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Times		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 197 E. Gay St.		Amount 12.72	
City State Zip Code Columbus OH 43215		Transaction ID: SE24.12209	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DEBORAH D. PRYCE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Universe Bulletin		Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 1027 Superior Ave.		Amount 278.52	
City State Zip Code Cleveland OH 44114		Transaction ID: SE24.12217	
Purpose of Expenditure publication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1833.59			
(a) SUBTOTAL of Itemized Independent Expenditures		278.52	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Universe Bulletin		Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 1027 Superior Ave.		Amount 101.28	
City Cleveland State OH Zip Code 44114		Transaction ID: SE24.12219	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Universe Bulletin		Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 1027 Superior Ave.		Amount 75.96	
City Cleveland State OH Zip Code 44114		Transaction ID: SE24.12220	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CRAIG MR. FOLTIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Universe Bulletin		Date MM / DD / YYYY 10 / 12 / 2006	
Mailing Address 1027 Superior Ave.		Amount 25.32	
City Cleveland State OH Zip Code 44114		Transaction ID: SE24.12221	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E GILLMOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Universe Bulletin		Date MM / DD / YYYY 10 / 12 / 2006	
Mailing Address 1027 Superior Ave.		Amount 25.32	
City Cleveland State OH Zip Code 44114		Transaction ID: SE24.12222	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL D DOVILLA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Catholic Universe Bulletin		Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 1027 Superior Ave.		Amount 25.32	
City Cleveland State OH Zip Code 44114		Transaction ID: SE24.12223	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN C LATOURETTE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Catholic Universe Bulletin		Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 1027 Superior Ave.		Amount 25.32	
City Cleveland State OH Zip Code 44114		Transaction ID: SE24.12224	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J RYAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Steubenville Register		Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address P.O. Box 160		Amount 116.70	
City State Zip Code Steubenville OH 43952		Transaction ID: SE24.12193	
Purpose of Expenditure publication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1415.75			
Full Name (Last, First, Middle, Initial) of Payee The Steubenville Register		Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address P.O. Box 160		Amount 67.08	
City State Zip Code Steubenville OH 43952		Transaction ID: SE24.12195	
Purpose of Expenditure publication		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		116.70	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Steubenville Register		Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address P.O. Box 160		Amount 67.08	
City State Zip Code Steubenville OH 43952		Transaction ID: SE24.12196	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOY PADGETT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee The Steubenville Register		Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address P.O. Box 160		Amount 16.77	
City State Zip Code Steubenville OH 43952		Transaction ID: SE24.12197	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHUCK BLASDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Steubenville Register		Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address P.O. Box 160		Amount 16.77	
City State Zip Code Steubenville OH 43952		Transaction ID: SE24.12198	
Purpose of Expenditure publication		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A JR WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 792.69	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12295	
Purpose of Expenditure postage for ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3690.10			
(a) SUBTOTAL of Itemized Independent Expenditures		792.69	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 297.80	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12298	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 151.57	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12300	
Purpose of Expenditure postage for ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 850 Twin Rivers Drive		Amount 21.60	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12301	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL D DOVILLA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date MM / DD / YYYY 10 / 18 / 2006	
Mailing Address 850 Twin Rivers Drive		Amount 57.45	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12302	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CRAIG MR. FOLTIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 20.98	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12303	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN C LATOURETTE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 17.75	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12304	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DEBORAH D. PRYCE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 22.92	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12305	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE HOBSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 32.97	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12306	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK J TIBERI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 61.02	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12307	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOY PADGETT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 9.48	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12308	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEANNETTE H SCHMIDT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 26.70	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12309	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHUCK BLASDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 26.70	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12310	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A JR WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 18.57	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12311	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES D JORDAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 18.57	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12312	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E GILLMOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 850 Twin Rivers Drive		Amount 8.61	
City State Zip Code Columbus OH 43216		Transaction ID: SE24.12313	
Purpose of Expenditure postage for ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J RYAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 2.57	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12317	
Purpose of Expenditure bulk mailing of ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2332.30			
(a) SUBTOTAL of Itemized Independent Expenditures		2.57	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date MM / DD / YYYY 10 / 13 / 2006	
Mailing Address 5101 Trabue Road		Amount 0.88	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12319	
Purpose of Expenditure bulk mailing of ball- ot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date MM / DD / YYYY 10 / 13 / 2006	
Mailing Address 5101 Trabue Road		Amount 0.46	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12320	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date MM / DD / YYYY 10 / 18 / 2006	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.31	
City Columbus State OH Zip Code 43228		Transaction ID: SE24.12321	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CRAIG MR. FOLTIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.15	
City Columbus State OH Zip Code 43228		Transaction ID: SE24.12322	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN C LATOURETTE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.31	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12323	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHUCK BLASDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.31	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12324	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A JR WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.15	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12326	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J RYAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 11.09	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12330	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3701.19			
(a) SUBTOTAL of Itemized Independent Expenditures		11.09	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 4.57	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12332	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike DeWine		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 2.21	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12333	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.55	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12334	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES D JORDAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.55	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12335	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E GILLMOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 18 / 2006</div> </div>	
Mailing Address 5101 Trabue Road		Amount <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.78</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Columbus</div> <div>State OH</div> <div>Zip Code 43228</div> </div>		Transaction ID: SE24.12336	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DEBORAH D. PRYCE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 18 / 2006</div> </div>	
Mailing Address 5101 Trabue Road		Amount <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.51</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Columbus</div> <div>State OH</div> <div>Zip Code 43228</div> </div>		Transaction ID: SE24.12337	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID LEE HOBSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"></div>	
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.			
Angela Alexander Savino Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 18 / 2006</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ohio Right To Life Society, Inc. PAC		FEC IDENTIFICATION NUMBER ▼ C C00097196	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.96	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12338	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK J TIBERI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee United Parcel Service		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 5101 Trabue Road		Amount 0.96	
City State Zip Code Columbus OH 43228		Transaction ID: SE24.12339	
Purpose of Expenditure bulk mailing ballot cards		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOY PADGETT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures		3627.69	
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.			
Angela Alexander Savino Signature		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	