

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Pro-Life Alliance PAC

ADDRESS (number and street) 5211 Port Royal Road Suite 500 Springfield VA 22151 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00358051 CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/08/2016 in the State of VA

5. Covering Period 10/01/2016 through 10/19/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Antosh, Steve, , Mr., Type or Print Name of Treasurer

Signature of Treasurer Antosh, Steve, , Mr., [Electronically Filed] Date 10/21/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Pro-Life Alliance PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="98673.54"/>	<input type="text" value="98673.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="197927.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13681.50"/>	<input type="text" value="159761.69"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="211609.12"/>	<input type="text" value="258435.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21037.68"/>	<input type="text" value="67863.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="190571.44"/>	<input type="text" value="190571.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Pro-Life Alliance PAC

Report Covering the Period: From: / / To: / /

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		
(i) Itemized (use Schedule A).....	700.00	28182.00
(ii) Unitemized	12981.50	131579.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13681.50	159761.69
(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)	13681.50	159761.69
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	0.00
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 Transfers (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)).....▶	13681.50	159761.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13681.50	159761.69

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	62700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	37.68	5163.79
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	21037.68	67863.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21037.68	67863.79

DETAILED SUMMARY PAGE
of Disbursements

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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)	13681.50	159761.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13681.50	159761.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Pro-Life Alliance PAC

A. Bezilla, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 228
 City Morann State PA Zip Code 16663-0228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2016
Transaction ID : SA11AI.24257
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bezilla, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 228
 City Morann State PA Zip Code 16663-0228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.24258
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Bouchard, Dorothy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Drakes Landing
 City Hampton State NH Zip Code 03842-1948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 11 / 2016
Transaction ID : SA11AI.24259
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Pro-Life Alliance PAC

A. Schade, Evelyn, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Record Street
 City Frederick State MD Zip Code 21701-5417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) requested Occupation (for Individual) requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2016
Transaction ID : SA11AI.24254
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sedlak, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17515 Madison Avenue #102
 City Lakewood State OH Zip Code 44107-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) requested Occupation (for Individual) requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 11 / 2016
Transaction ID : SA11AI.24255
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Vaughn, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 309
 City Toccoa State GA Zip Code 30577-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Tutor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 11 / 2016
Transaction ID : SA11AI.24256
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	700.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Pro-Life Alliance PAC

Full Name (Last, First, Middle Initial)
A. BERGMANFORCONGRESS

Mailing Address **N5070 CISCO LAKE ROAD**

City **WATERSMEET** State **MI** Zip Code **49969**

Purpose of Disbursement 011 Category/Type

Candidate Name **BERGMAN, JOHN, , ,**

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: **MI** District: **01**

Date of Disbursement: **10 / 11 / 2016**

FEC Identification Number: **C00614214**
Transaction ID : SB23.24244
Amount of Each Disbursement this Period: **2500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. BLUM FOR CONGRESS

Mailing Address **2728 ASBURY ROAD SUITE 400**

City **DUBUQUE** State **IA** Zip Code **52001**

Purpose of Disbursement 011 Category/Type

Candidate Name **BLUM, RODNEY LELAND, , ,**

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: **IA** District: **01**

Date of Disbursement: **10 / 11 / 2016**

FEC Identification Number: **C00543926**
Transaction ID : SB23.24241
Amount of Each Disbursement this Period: **2500.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. BRIAN MAST FOR CONGRESS

Mailing Address **2600 S DOUGLAS RD STE 900**

City **CORAL GABLES** State **FL** Zip Code **33134**

Purpose of Disbursement 011 Category/Type

Candidate Name **MAST, BRIAN, , ,**

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: **FL** District: **18**

Date of Disbursement: **10 / 11 / 2016**

FEC Identification Number: **C00579896**
Transaction ID : SB23.24243
Amount of Each Disbursement this Period: **2500.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... **7500.00**

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)

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

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NAME OF COMMITTEE (In Full)
National Pro-Life Alliance PAC

A. COMMITTEE TO ELECT DARRYL GLENN

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 62667

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

City
COLORADO SPRINGS

State
CO

Zip Code
80962

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00572594

Transaction ID : SB23.24248

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

GLENN, DARRYL, , ,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO

District: 00

B. DON BACON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 391368

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

City
OMAHA

State
NE

Zip Code
68139

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00575167

Transaction ID : SB23.24246

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

BACON, DONALD, , ,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NE

District: 02

C. JASON LEWIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 515

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

City
COTTAGE GROVE

State
MN

Zip Code
55016

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00589234

Transaction ID : SB23.24245

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

LEWIS, JASON MARK MR., , ,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN

District: 02

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Pro-Life Alliance PAC

Full Name (Last, First, Middle Initial)

A. SCOTT GARRETT FOR CONGRESS

Mailing Address P.O. BOX 905

City NEWTON State NJ Zip Code 07860

Purpose of Disbursement

Category/
Type

Candidate Name
GARRETT, SCOTT REP., , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.24240

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SCOTT GARRETT FOR CONGRESS

Mailing Address P.O. BOX 905

City NEWTON State NJ Zip Code 07860

Purpose of Disbursement

Category/
Type

Candidate Name
GARRETT, SCOTT REP., , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.24242

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TENNEY FOR CONGRESS

Mailing Address 28 ROBINSON ROAD
PO BOX 128

City CLINTON State NY Zip Code 13323

Purpose of Disbursement

Category/
Type

Candidate Name
TENNEY, CLAUDIA, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 22

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.24247

Amount of Each Disbursement this Period

Memo Item

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

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