

**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)

665 E. Dublin-Granville Road

Suite 200

☐ Check if different
than previously
reported. (ACC)

Columbus

OH

43229

0099

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 (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

09

30

2010

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

J. Matthew Yuskewich

Signature of Treasurer

Electronically Filed by J. Matthew Yuskewich

Date

10

15

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: M M
0 7 D D
0 1 Y Y Y Y
2 0 1 0 To: M M
0 9 D D
3 0 Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 0		4945.60
(b) Cash on Hand at Beginning of Reporting Period	5475.64	
(c) Total Receipts (from Line 19)	3627.55	4698.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9103.19	9644.15
7. Total Disbursements (from Line 31)	8117.61	8658.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	985.58	985.58
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. 06/2004)

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Write or Type Committee Name

Ohio Right To Life Society, Inc. PAC

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

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)	960.55	1010.55
(ii) Unitemized	2667.00	3688.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3627.55	4698.55
(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)	3627.55	4698.55
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 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))	3627.55	4698.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3627.55	4698.55

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	59.96	
(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	59.96	
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)	1928.39	2024.51	
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.....	6189.22	6574.10	
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))..	8117.61	8658.57	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8117.61	8658.57	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	3627.55	4698.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3627.55	4698.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	59.96
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	59.96

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

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

FOR LINE NUMBER: PAGE 6 / 30

(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)

Kevin T Kelly

Mailing Address 5342 Rymoor Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
SJS Investments

Occupation
Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13291

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Koloze

Mailing Address 145 Englewood Road

City

Springfield

State

OH

Zip Code

45504

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Phoenix

Occupation
faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.13300

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Koloze

Mailing Address 145 Englewood Road

City

Springfield

State

OH

Zip Code

45504

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Phoenix

Occupation
faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.55

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.13299

Amount of Each Receipt this Period

55.55

SUBTOTAL of Receipts This Page (optional)

605.55

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: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Right To Life Society, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Koloze

Mailing Address 145 Englewood Road

City

Springfield

State

OH

Zip Code

45504

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Phoenix

Occupation
faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13298

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Koloze

Mailing Address 145 Englewood Road

City

Springfield

State

OH

Zip Code

45504

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Phoenix

Occupation
faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13297

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Christy L Ludwig

Mailing Address 101 Post Oak Path
Apt. 170

City

Georgetown

State

KY

Zip Code

40324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toyota Motor Manufacturing

Occupation
Factory Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.13305

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

960.55

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 30

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio Right To Life Society, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Ltd. Graphic Services Group

Mailing Address 6041 Rings Road

City State Zip Code
Dublin OH 43016

Purpose of Disbursement
Printing Bumper Stickers-Non Federal Candidate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.13422

Date of Disbursement

/ /

Amount of Each Disbursement this Period

628.84

B.

Full Name (Last, First, Middle Initial)

Ltd. Graphic Services Group

Mailing Address 6041 Rings Road

City State Zip Code
Dublin OH 43016

Purpose of Disbursement
Printing and Shipping-Non Federal Candidates

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.13468

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4722.58

C.

Full Name (Last, First, Middle Initial)

Hotcards Columbus

Mailing Address 372 E Main Street

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Printing Postcards-Non Federal Candidates

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.13425

Date of Disbursement

/ /

Amount of Each Disbursement this Period

341.62

SUBTOTAL of Disbursements This Page (optional)

5693.04

TOTAL This Period (last page this line number only)

5693.04

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

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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
Inc. OhioRight to Life SocietyNature of Debt (Purpose):
publicationMailing Address 665 E. Dublin-Granville Road
Suite 200City State ZIP Code
Columbus OH 43229

Outstanding Balance Beginning This Period

-386.25

Transaction ID: SD10.12890

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

-386.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Inc. OhioRight to Life SocietyNature of Debt (Purpose):
publicationMailing Address 665 E. Dublin-Granville Road
Suite 200City State ZIP Code
Columbus OH 43229

Outstanding Balance Beginning This Period

386.25

Transaction ID: SD10.12891

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

386.25

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

0.00

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

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00

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 ▼ <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 Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1008.23</div>	
City Dublin		Transaction ID: SE.13469	
State OH		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 43016		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Printing and Shipping		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: ROBERT J PORTMAN			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1138.60</div>	
Full Name (Last, First, Middle, Initial) of Payee Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.24</div>	
City Dublin		Transaction ID: SE.13470	
State OH		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 43016		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Printing and Shipping		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: STEVEN JOSEPH CHABOT			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1142.84</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">1012.47</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></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.			
J. Matthew Yuskewich _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</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 ▼ <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 Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41.53</div>	
City Dublin		Transaction ID: SE.13471	
State OH		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 43016		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Printing and Shipping		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: H JEANETTE SCHMIDT			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1184.37</div>	
Full Name (Last, First, Middle, Initial) of Payee Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.22</div>	
City Dublin		Transaction ID: SE.13472	
State OH		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 43016		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Printing and Shipping		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL R TURNER			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1206.59</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">63.75</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></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.			
J. Matthew Yuskewich _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</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 ▼ <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

Ltd. Graphic Services Group

Mailing Address

6041 Rings Road

City

Dublin

State

OH

Zip Code

43016

Purpose of Expenditure

Printing and Shipping

 Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

JAMES D JORDAN

 Calendar Year-To-Date Per Election
for Office Sought

1241.46

Date

 M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 1 0

Amount

34.87

Transaction ID: SE.13473

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☐ General☐ Other (specify) : _____

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

Ltd. Graphic Services Group

Mailing Address

6041 Rings Road

City

Dublin

State

OH

Zip Code

43016

Purpose of Expenditure

Printing and Shipping

 Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

ROBERT EDWARD LATTA

 Calendar Year-To-Date Per Election
for Office Sought

1298.55

Date

 M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 1 0

Amount

57.09

Transaction ID: SE.13474

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☐ General☐ Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures

91.96

(b) SUBTOTAL of Unitemized Independent Expenditures

(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.

J. Matthew Yuskewich

Signature

Date

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

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

PAGE 13 / 30

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 Ltd. Graphic Services Group		Date M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Mailing Address 6041 Rings Road		Amount 31.78	
City State Zip Code Dublin OH 43016		Transaction ID: SE.13475	
Purpose of Expenditure Printing and Shipping		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1330.33			
Full Name (Last, First, Middle, Initial) of Payee Ltd. Graphic Services Group		Date M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Mailing Address 6041 Rings Road		Amount 55.16	
City State Zip Code Dublin OH 43016		Transaction ID: SE.13476	
Purpose of Expenditure Printing and Shipping		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVE C AUSTRIA		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1385.49			
(a) SUBTOTAL of Itemized Independent Expenditures		86.94	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
J. Matthew Yuskewich Signature		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	

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

PAGE 14 / 30

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 Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26.46</div>	
City Dublin		Transaction ID: SE.13477	
State OH		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 43016		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Printing and Shipping		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: JOHN A BOEHNER			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1411.95</div>	
Full Name (Last, First, Middle, Initial) of Payee Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">106.73</div>	
City Dublin		Transaction ID: SE.13478	
State OH		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 43016		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Shipping and Printing		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: RICHARD B IOTT			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1518.68</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">133.19</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></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.			
J. Matthew Yuskewich Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

PAGE 15 / 30

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 Ltd. Graphic Services Group		Date M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Mailing Address 6041 Rings Road		Amount 82.67	
City State Zip Code Dublin OH 43016		Transaction ID: SE.13479	
Purpose of Expenditure Printing and Shipping		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PETER CORRIGAN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1601.35			
Full Name (Last, First, Middle, Initial) of Payee Ltd. Graphic Services Group		Date M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Mailing Address 6041 Rings Road		Amount 17.87	
City State Zip Code Dublin OH 43016		Transaction ID: SE.13480	
Purpose of Expenditure Printing and Shipping		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK JOSEPH TIBERI		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1619.22			
(a) SUBTOTAL of Itemized Independent Expenditures		100.54	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
J. Matthew Yuskewich Signature		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	

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 ▼ <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 Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">110.19</div>	
City Dublin		Transaction ID: SE.13481 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Printing and Shipping		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS GANLEY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">1729.41</div>	
Full Name (Last, First, Middle, Initial) of Payee Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">99.38</div>	
City Dublin		Transaction ID: SE.13482 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Printing and Shipping		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 type="checkbox"/> General <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;">1828.79</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">209.57</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></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.			
J. Matthew Yuskewich _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

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

PAGE 17 / 30

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

Ltd. Graphic Services Group

Mailing Address

6041 Rings Road

City

Dublin

State

OH

Zip Code

43016

Purpose of Expenditure

Printing and Shipping

 Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

STEVE STIVERS

Calendar Year-To-Date Per Election

for Office Sought

1857.12

Date

 M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 1 0

Amount

28.33

Transaction ID: SE.13483

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ Presidential

Check One:

☒ X

Support

☐

Oppose

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) : _____

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

Ltd. Graphic Services Group

Mailing Address

6041 Rings Road

City

Dublin

State

OH

Zip Code

43016

Purpose of Expenditure

Printing and Shipping

 Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

JAMES B RENACCI

Calendar Year-To-Date Per Election

for Office Sought

1867.93

Date

 M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 1 0

Amount

10.81

Transaction ID: SE.13484

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ Presidential

Check One:

☒ X

Support

☐

Oppose

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures

39.14

(b) SUBTOTAL of Unitemized Independent Expenditures

(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.

J. Matthew Yuskewich

Signature

Date

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

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

PAGE 18 / 30

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 Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>09 / 23 / 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.71</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Dublin</div> <div>State OH</div> <div>Zip Code 43016</div> </div>		Transaction ID: SE.13485	
Purpose of Expenditure Printing and Shipping		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES GRAHAM		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">1884.64</div>	
Full Name (Last, First, Middle, Initial) of Payee Ltd. Graphic Services Group		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>09 / 23 / 2010</div> </div>	
Mailing Address 6041 Rings Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">43.75</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Dublin</div> <div>State OH</div> <div>Zip Code 43016</div> </div>		Transaction ID: SE.13486	
Purpose of Expenditure Printing and Shipping		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT B GIBBS		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">1928.39</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">60.46</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></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>			
J. Matthew Yuskewich Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 15 / 2010</div> </div>	

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

PAGE 19 / 30

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 Hotcards Columbus		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 2 8</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 372 E Main Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">68.32</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Columbus</div> <div>State OH</div> <div>Zip Code 43215</div> </div>		Transaction ID: SE.13426 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Printing Postcards		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT J PORTMAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">68.32</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Ohio Right to Life Society, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 0 3</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 665 E. Dublin-Granville Road Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.75</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Columbus</div> <div>State OH</div> <div>Zip Code 43229</div> </div>		Transaction ID: SE.13465 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Ad in Newsletter		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT J PORTMAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92.48</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">72.07</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></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>			
J. Matthew Yuskewich Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</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 ▼ <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

Ohio Right to Life Society, Inc.

Mailing Address

665 E. Dublin-Granville Road
Suite 200

City

Columbus

State

OH

Zip Code

43229

Purpose of Expenditure

Ad in Newsletter-17
Fed.Cand @ .98 eachCategory/
Type

Name of Federal Candidate supported or Opposed by expenditure:

 Calendar Year-To-Date Per Election
 for Office Sought

109.14

Date

 M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 1 0

Amount

16.66

Transaction ID: SE.13466

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ Presidential

Check One:

☒ X

Support

☐

Oppose

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) : _____

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

ORTL Educational Fund

Mailing Address

665 E. Dublin Granville Rd
Suite 200

City

Columbus

State

OH

Zip Code

43229

Purpose of Expenditure

Ad in Newsletter

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

ROBERT J PORTMAN

 Calendar Year-To-Date Per Election
 for Office Sought

72.07

Date

 M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 1 0

Amount

3.75

Transaction ID: SE.13434

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ Presidential

Check One:

☒ X

Support

☐

Oppose

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures

20.41

(b) SUBTOTAL of Unitemized Independent Expenditures

(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.

J. Matthew Yuskewich

Signature

Date

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

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

PAGE 21 / 30

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 ORTL Educational Fund		Date MM / DD / YYYY 08 / 03 / 2010	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount 0.98	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13435	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73.05			
Full Name (Last, First, Middle, Initial) of Payee ORTL Educational Fund		Date MM / DD / YYYY 08 / 03 / 2010	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount 0.98	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13445	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: H JEANETTE SCHMIDT		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 74.03			
(a) SUBTOTAL of Itemized Independent Expenditures		1.96	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
J. Matthew Yuskewich Signature		Date MM / DD / YYYY 10 / 15 / 2010	

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 ORTL Educational Fund		Date MM / DD / YYYY 08 / 03 / 2010	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount 0.98	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13446	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 75.01			
Full Name (Last, First, Middle, Initial) of Payee ORTL Educational Fund		Date MM / DD / YYYY 08 / 03 / 2010	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount 0.98	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13447	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 75.99			
(a) SUBTOTAL of Itemized Independent Expenditures		1.96	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
J. Matthew Yuskewich Signature		Date MM / DD / YYYY 10 / 15 / 2010	

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 ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>08 / 03 / 2010</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.98</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Columbus</div> <div>State OH</div> <div>Zip Code 43229</div> </div>		Transaction ID: SE.13448	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT EDWARD LATTA		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">76.97</div>	
Full Name (Last, First, Middle, Initial) of Payee ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>08 / 03 / 2010</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.98</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Columbus</div> <div>State OH</div> <div>Zip Code 43229</div> </div>		Transaction ID: SE.13449	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">77.95</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">1.96</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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>			
J. Matthew Yuskewich Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 15 / 2010</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
 ORTL Educational Fund

Mailing Address
 665 E. Dublin Granville Rd
 Suite 200

City State Zip Code
 Columbus OH 43229

Purpose of Expenditure
 Ad in Newsletter

Category/
 Type

Name of Federal Candidate supported or Opposed by expenditure:
 STEVE C AUSTRIA

Calendar Year-To-Date Per Election
 for Office Sought 78.93

Date

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 1 0

Amount

0.98

Transaction ID: SE.13450

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
 ORTL Educational Fund

Mailing Address
 665 E. Dublin Granville Rd
 Suite 200

City State Zip Code
 Columbus OH 43229

Purpose of Expenditure
 Ad in Newsletter

Category/
 Type

Name of Federal Candidate supported or Opposed by expenditure:
 JOHN A BOEHNER

Calendar Year-To-Date Per Election
 for Office Sought 79.91

Date

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 1 0

Amount

0.98

Transaction ID: SE.13452

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) : _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1.96

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(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.

J. Matthew Yuskewich
 Signature

Date

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

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 ▼ <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 ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.98</div>	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13453	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD B IOTT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
80.89			
Full Name (Last, First, Middle, Initial) of Payee ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.98</div>	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13454	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PETER CORRIGAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
81.87			
(a) SUBTOTAL of Itemized Independent Expenditures		1.96	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
J. Matthew Yuskewich Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</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 ▼ <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 ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 0 3</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.98</div>	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13455 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Ad in Newsletter		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK JOSEPH TIBERI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">82.85</div>			
Full Name (Last, First, Middle, Initial) of Payee ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 0 3</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.98</div>	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13457 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Ad in Newsletter		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS GANLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">83.83</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1.96</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.			
J. Matthew Yuskewich Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</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 ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>08 / 03 / 2010</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.98</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Columbus</div> <div>State OH</div> <div>Zip Code 43229</div> </div>		Transaction ID: SE.13459	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		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 type="checkbox"/> General <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;">84.81</div>	
Full Name (Last, First, Middle, Initial) of Payee ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>08 / 03 / 2010</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.98</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Columbus</div> <div>State OH</div> <div>Zip Code 43229</div> </div>		Transaction ID: SE.13460	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVE STIVERS		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">85.79</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">1.96</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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>			
J. Matthew Yuskewich Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 15 / 2010</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 ▼ <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 ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.98</div>	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13461	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES B RENACCI		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">86.77</div>	
Full Name (Last, First, Middle, Initial) of Payee ORTL Educational Fund		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 665 E. Dublin Granville Rd Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.98</div>	
City State Zip Code Columbus OH 43229		Transaction ID: SE.13462	
Purpose of Expenditure Ad in Newsletter		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES GRAHAM		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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;">87.75</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">1.96</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></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>			
J. Matthew Yuskewich Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</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 ▼ <div style="border: 1px solid black; padding: 2px;"> 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
 ORTL Educational Fund

Mailing Address
 665 E. Dublin Granville Rd
 Suite 200

City	State	Zip Code
Columbus	OH	43229

Purpose of Expenditure
 Ad in Newsletter

Category/
 Type

Name of Federal Candidate supported or Opposed by expenditure:
 ROBERT B GIBBS

Calendar Year-To-Date Per Election
 for Office Sought 88.73

Date

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 1 0

Amount

0.98

Transaction ID: SE.13463

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
 U.S. Postmaster

Mailing Address
 850 Twin Rivers Drive

City	State	Zip Code
Columbus	OH	43216

Purpose of Expenditure
 Postage

Category/
 Type

Name of Federal Candidate supported or Opposed by expenditure:
 ROBERT J PORTMAN

Calendar Year-To-Date Per Election
 for Office Sought 119.31

Date

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 1 0

Amount

10.17

Transaction ID: SE.13428

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) : _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

11.15

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(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.

J. Matthew Yuskewich
 Signature

Date

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

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 0 9 / 0 1 / 2 0 1 0	
Mailing Address 850 Twin Rivers Drive		Amount 1.66	
City State Zip Code Columbus OH 43216		Transaction ID: SE.13430	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT J PORTMAN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 120.97			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 1 0	
Mailing Address 850 Twin Rivers Drive		Amount 9.40	
City State Zip Code Columbus OH 43216		Transaction ID: SE.13432	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT J PORTMAN		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 130.37			
(a) SUBTOTAL of Itemized Independent Expenditures		11.06	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		1928.39	
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.			
J. Matthew Yuskewich Signature		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	