

**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

Ohio Right To Life Society, Inc. PAC

ADDRESS (number and street)

88 East Broad Street

Suite 620

☐ Check if different than previously reported. (ACC)

Columbus

OH

43215

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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
Year-End 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

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

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

J. Matthew Yuskewich

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio Right To Life Society, Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		312.24
(b) Cash on Hand at Beginning of Reporting Period.....	162.61	
(c) Total Receipts (from Line 19)	1048.00	1688.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1210.61	2000.49
7. Total Disbursements (from Line 31)	911.09	1700.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	299.52	299.52
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)	2768.79	

☒ 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)

Page 3

Write or Type Committee Name

Ohio Right To Life Society, Inc. PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

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).....

888.00

1328.25

(ii) Unitemized

160.00

360.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1048.00

1688.25

(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) ▶

1048.00

1688.25

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))..... ▶

1048.00

1688.25

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1048.00

1688.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	789.46	1424.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	789.46	1424.29
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 Expenditures (use Schedule E)	121.63	143.40
25. Coordinated Party Expenditures (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	0.00	133.28
30. Federal Election Activity (2 U.S.C. §431(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)) ..	911.09	1700.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	911.09	1700.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1048.00	1688.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1048.00	1688.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	789.46	1424.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	789.46	1424.29

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 14

☒ 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

Full Name (Last, First, Middle Initial)

A. John Hug

Mailing Address 2858 Arcade Road

City State Zip Code
 Bronson OH 44857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hug Manufacturing

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 21 2014

Transaction ID : SA11AI.13944

Amount of Each Receipt this Period

888.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

888.00

888.00

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

Ohio Right To Life Society, Inc. PAC

A. Tandem Media Network

Date of Disbursement

Transaction ID : SB21B.13952

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

765.87

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

765.87

765.87

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

PAGE 8 OF 14

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

Able Printing Company

Nature of Debt (Purpose):
PRINTING-NEWSLETTER

Mailing Address 1325 Holly Avenue

City State

Zip Code

Columbus

OH

43212

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.13968

Amount Incurred This Period

234.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

234.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Able Printing Company

Nature of Debt (Purpose):
PRINTING-NEWSLETTER

Mailing Address 1325 Holly Avenue

City State

Zip Code

Columbus

OH

43212

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.13969

Amount Incurred This Period

405.21

Payment This Period

0.00

Outstanding Balance at Close of This Period

405.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Able Printing Company

Nature of Debt (Purpose):
PRINTING-BALLOT CARDS

Mailing Address 1325 Holly Avenue

City

State

Zip Code

Columbus

OH

43212

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.13970

Amount Incurred This Period

2128.98

Payment This Period

0.00

Outstanding Balance at Close of This Period

2128.98

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

2768.79

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

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

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

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

PAGE 9 OF 14

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 Society

Nature of Debt (Purpose):
publicationMailing Address 88 East Broad Street
Suite 620City State Zip Code
Columbus OH 43215

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 Society

Nature of Debt (Purpose):
publicationMailing Address 88 East Broad Street
Suite 620City State Zip Code
Columbus OH 43215

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

0.00

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

2768.79

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) ►

2768.79

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 14
 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 ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed on
 M M / D D / Y Y Y Y Y Y

Full Name of Payee

CITIZENS FOR TURNER

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y

Mailing Address

120 W 2ND STREET
SUITE 1510

Amount

. 0.07

City

DAYTON

State

OH

Zip Code

45402

Transaction ID : SE.13964

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Purpose of Expenditure

Ballot Cards

Category/
Type

.

Name of Federal Candidate

MIKE TURNER

☒ Support☐ Oppose

Office Sought:

☒ House

District: 10

☐ President☐ Senate

State: OH

Calendar Year-To-Date
Per Election for Office Sought

. 1.43

Disbursement For:

☐ Primary☒ General

2014

☐ Other (specify) ▶

Full Name of Payee

FRIENDS OF JOHN BOEHNER

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y

Mailing Address

7908 CINCINNATI DAYTON ROAD
SUITE I

Amount

. 0.07

City

WEST CHESTER

State

OH

Zip Code

45069

Transaction ID : SE.13961

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Purpose of Expenditure

Ballot Cards

Category/
Type

.

Name of Federal Candidate

JOHN A BOEHNER

☒ Support☐ Oppose

Office Sought:

☒ House

District: 08

☐ President☐ Senate

State: OH

Calendar Year-To-Date
Per Election for Office Sought

. 1.44

Disbursement For:

☐ Primary☒ General

2014

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

. 0.14

(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

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 14
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 ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee
GIBBS FOR CONGRESS

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y

Mailing Address 13871 TR 473

Amount

City State Zip Code
LAKEVILLE OH 44638

19.97

Transaction ID : SE.13957

Date of Disbursement or Obligation

Purpose of Expenditure
Ballot CardsCategory/
TypeM M M / D D D / Y Y Y Y Y Y
10 22 2014

Name of Federal Candidate

ROBERT B GIBBS

☒ Support
☐ Oppose

Office Sought:

☒ House District: 07☐ President ☐ Senate

State: OH

Calendar Year-To-Date
Per Election for Office Sought

22.15

Disbursement For:
2014☐ Primary ☒ General☐ Other (specify) ▶Full Name of Payee
JIM JORDAN FOR CONGRESS

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y

Mailing Address 1709 STATE ROUTE 560 SOUTH

Amount

City State Zip Code
URBANA OH 43078

20.03

Transaction ID : SE.13954

Date of Disbursement or Obligation

Purpose of Expenditure
Ballot CardsCategory/
TypeM M M / D D D / Y Y Y Y Y Y
10 22 2014

Name of Federal Candidate

JAMES D JORDAN

☒ Support
☐ Oppose

Office Sought:

☒ House District: 04☐ President ☐ Senate

State: OH

Calendar Year-To-Date
Per Election for Office Sought

23.08

Disbursement For:
2014☐ Primary ☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

40.00

(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

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 04 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 14
 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 report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	

Full Name of Payee JIM RENACCI FOR CONGRESS		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Mailing Address 150 SMOKERISE DRIVE		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 20.74 </div> </div>	
City WADSWORTH	State OH	Zip Code 44281	Transaction ID : SE.13967
Purpose of Expenditure Ballot Cards		Category/Type <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 10 / 22 / 2014 </div> </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 10 / 22 / 2014 </div> </div>
Name of Federal Candidate JAMES B RENACCI		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>16</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 24.58 </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee JOHNSON FOR CONGRESS		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Mailing Address PO BOX 14496		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 20.74 </div> </div>	
City POLAND	State OH	Zip Code 44514	Transaction ID : SE.13956
Purpose of Expenditure Ballot Cards		Category/Type <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 10 / 22 / 2014 </div> </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 10 / 22 / 2014 </div> </div>
Name of Federal Candidate BILL JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 24.15 </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 41.48 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </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

[Electronically Filed]

Date

12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 14
 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 report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee LATTA FOR CONGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 300 North Main Street		Amount 0.07
City Bowling Green	State OH	Zip Code 43402
Purpose of Expenditure Ballot Cards	Category/Type	Transaction ID : SE.13955 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. ROBERT LATTA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 1.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee TIBERI FOR CONGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190		Amount 19.97
City COLUMBUS	State OH	Zip Code 43231
Purpose of Expenditure Ballot Cards	Category/Type	Transaction ID : SE.13966 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate PATRICK J TIBERI	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 20.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20.04
(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

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 14
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 report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M / D D / Y Y Y Y Y Y		
Full Name of Payee ZETZER FOR CONGRESS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 3718 GLENCAIRN RD UPPR			Amount 19.97		
City SHAKER HEIGHTS		State OH	Zip Code 44122	Transaction ID : SE.13965	
Purpose of Expenditure Ballot Cards		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate MARK ZETZER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		21.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount		
City		State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.97		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			121.63		
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		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2014	
Signature					