

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER <b>C</b> C00111278
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Wpfb-am/fm

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Mailing Address  
4505 Central Ave

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City Middletown	State OH	Zip Code 45044
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Purpose of Expenditure H8OH01043 Ad	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Rep. Steve Chabot

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Calendar Year-To-Date Per Election for Office Sought	2050.64
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Date  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Amount  
516.00

Transaction ID: EB29D9EB7B88B4725821

Office Sought:  House State: OH  
 Senate District: 01  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2006

Full Name (Last, First, Middle, Initial) of Payee  
National Right To Life Committee

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Mailing Address  
512 10th Street, N.W.

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City Washington	State DC	Zip Code 20004
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Purpose of Expenditure H0VA01052 Ad	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
JO ANN S. DAVIS

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Calendar Year-To-Date Per Election for Office Sought	58.00
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Date  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Amount  
58.00

Transaction ID: E497311BC5F5C45E4B79

Office Sought:  House State: VA  
 Senate District: 01  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2006

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	574.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

Carol Tobias  
Signature

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