

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

National Right to Life Political Action Committee

ADDRESS (number and street) 512 10th Street, N.W.

Check if different than previously reported. (ACC) Washington DC 20004

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C0011278

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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2009 through 06/30/2009

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 Joseph M Landrum

Signature of Treasurer Joseph M Landrum [Electronically Filed] Date 01/12/2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Right to Life Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2009"/>		771978.45
(b) Cash on Hand at Beginning of Reporting Period.....	771978.45	
(c) Total Receipts (from Line 19) .....	95106.43	95106.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	867084.88	867084.88
7. Total Disbursements (from Line 31).....	41318.30	41318.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	825766.58	825766.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	306.04	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

National Right to Life Political Action Committee

Report Covering the Period: From: 01 / 01 / 2009 To: 06 / 30 / 2009

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).....	13743.00	13743.00
(ii) Unitemized .....	80748.80	80748.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	94491.80	94491.80
(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) .....	94491.80	94491.80
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.).....	614.63	614.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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))..... ▶	95106.43	95106.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	95106.43	95106.43

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	18527.08	18527.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18527.08	18527.08
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) .....	22791.22	22791.22
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	0.00
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)) ..	41318.30	41318.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41318.30	41318.30

**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) .....	94491.80	94491.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	94491.80	94491.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18527.08	18527.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18527.08	18527.08

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

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

FOR LINE NUMBER: PAGE 6 OF 41  
(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)  
**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. David Armin**

Mailing Address 35127 Highway Ww

City State Zip Code  
Marceline MO 64658-1897

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University Of Missouri Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 10 / 2009  
**Transaction ID : A5852CD8162D7457996**

Amount of Each Receipt this Period  
250.00

PERSONAL CHECK

Full Name (Last, First, Middle Initial)  
**B. Gerrit Boyle**

Mailing Address 430 H St Rd

City State Zip Code  
Lynden WA 98264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Structures Sales

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 09 / 2009  
**Transaction ID : A7AA05610B53740D1AA4**

Amount of Each Receipt this Period  
500.00

PERSONAL CHECK

Full Name (Last, First, Middle Initial)  
**c. Charlie Callicott**

Mailing Address 12647 Sunbird Ct

City State Zip Code  
Victorville CA 92392-7432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OCE North America Technician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
06 / 03 / 2009  
**Transaction ID : A7F10B46947C14FD5B9A**

Amount of Each Receipt this Period  
40.00

PERSONAL CHECK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 790.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Jerry Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2  
 City Cedar Crest State NM Zip Code 87008-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Pilot  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 30 / 2009**  
**Transaction ID : A357CF714684042CC99A**  
 Amount of Each Receipt this Period **100.00**  
 PERSONAL CHECK

**B. Jerry Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2  
 City Cedar Crest State NM Zip Code 87008-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Pilot  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 01 / 2009**  
**Transaction ID : A79985AC71690462B96B**  
 Amount of Each Receipt this Period **100.00**  
 PERSONAL CHECK

**C. Jerry Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2  
 City Cedar Crest State NM Zip Code 87008-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Pilot  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 02 / 2009**  
**Transaction ID : A489710B94CF345D9935**  
 Amount of Each Receipt this Period **100.00**  
 PERSONAL CHECK

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> 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 8 OF 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Jerry Carroll**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2

City Cedar Crest State NM Zip Code 87008-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer American Airlines Occupation Pilot

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2009

**Transaction ID : A2D87288F42F249BAA08**

Amount of Each Receipt this Period  
100.00

PERSONAL CHECK

**B. James Coxsey**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 W. Bk 1100 Rd

City Stigler State OK Zip Code 74462-2384

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2009

**Transaction ID : AD7017B0DDFD74998984**

Amount of Each Receipt this Period  
250.00

PERSONAL CHECK

**C. Scott Cramer**  
Full Name (Last, First, Middle Initial)

Mailing Address 3807 Neely Ave

City Midland State TX Zip Code 79707-6510

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2009

**Transaction ID : A4800765083F64F42BF6**

Amount of Each Receipt this Period  
250.00

PERSONAL CHECK

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Mary Downey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Hilma St  
 City Quincy State MA Zip Code 02171-2724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 400.00

Date of Receipt 01 / 05 / 2009  
**Transaction ID : AE18B0F0807474BB9BCC**  
 Amount of Each Receipt this Period 400.00  
 PERSONAL CHECK

**B. Larry Gaddis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1807 Hillsborough Ln  
 City Little Rock State AR Zip Code 72212-3728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 05 / 2009  
**Transaction ID : A6D00557CED874051957**  
 Amount of Each Receipt this Period 250.00  
 PERSONAL CHECK

**C. H. Edward Garrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6419 Blue Heron Cv  
 City Memphis State TN Zip Code 38120-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Surgery Clinic Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 26 / 2009  
**Transaction ID : ADD9E2B25B6B445049D0**  
 Amount of Each Receipt this Period 500.00  
 PERSONAL CHECK

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Jane Gilmore**  
Full Name (Last, First, Middle Initial)

Mailing Address 5101 Strawbridge Ter

City Perry Hall State MD Zip Code 21128-8945

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 16 / 2009  
**Transaction ID : AE1750AA8C5DE470E893**

Amount of Each Receipt this Period 400.00

PERSONAL CHECK

**B. Frederick Govier**  
Full Name (Last, First, Middle Initial)

Mailing Address 2018 Willowshade Dr

City Saint Peters State MO Zip Code 63376-3852

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2009  
**Transaction ID : AE611D82011C746118E0**

Amount of Each Receipt this Period 250.00

PERSONAL CHECK

**C. Thomas Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Portofino Dr

City Arlington State TX Zip Code 76012-2748

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 05 / 2009  
**Transaction ID : A5667F21D0D9B4B039C7**

Amount of Each Receipt this Period 300.00

PERSONAL CHECK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Paul Hines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6210 McGee St  
 City Kansas City State MO Zip Code 64113-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 05 / 20 / 2009  
**Transaction ID : A652D4C14B21147F5999**  
 Amount of Each Receipt this Period  
 50.00  
 PERSONAL CHECK

**B. Paul Hines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6210 McGee St  
 City Kansas City State MO Zip Code 64113-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 06 / 16 / 2009  
**Transaction ID : AE3B09EAD42AF482AA3F**  
 Amount of Each Receipt this Period  
 50.00  
 PERSONAL CHECK

**C. Constance Howse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34836 Bridge St  
 City Livonia State MI Zip Code 48152-1136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Self-employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 02 / 04 / 2009  
**Transaction ID : A4C35011FAFF44F24964**  
 Amount of Each Receipt this Period  
 250.00  
 PERSONAL CHECK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Judith Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1015 E. Balview Ave

City Norfolk	State VA	Zip Code 23503-2005
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4393.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	03	/	2009

**Transaction ID : A133CFF59A1B547AC9EF**

Amount of Each Receipt this Period  
4393.00

PERSONAL CHECK

**B. Richard Kiley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2117 Hickory Forest Dr

City Chesapeake	State VA	Zip Code 23322-1756
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Railroad Marketing	Occupation Marketing
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	14	/	2009

**Transaction ID : ABB976BBC41D74F0CB21**

Amount of Each Receipt this Period  
600.00

PERSONAL CHECK

**C. H. Kleinbrahm**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4425 W. Jean St

City Alsip	State IL	Zip Code 60803-2152
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	16	/	2009

**Transaction ID : ABAE910E792A84BA4B5F**

Amount of Each Receipt this Period  
250.00

PERSONAL CHECK

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5243.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Tim Mahoney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 725 N. Apollo Ct  
City Chandler State AZ Zip Code 85224  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **525.00**

Date of Receipt **04 / 29 / 2009**  
**Transaction ID : AC3B39C9CDFB947C0AD**  
Amount of Each Receipt this Period **500.00**  
PERSONAL CHECK

**B. Tim Mahoney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 725 N. Apollo Ct  
City Chandler State AZ Zip Code 85224  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **525.00**

Date of Receipt **04 / 29 / 2009**  
**Transaction ID : AE6F8BBFD7433472190A**  
Amount of Each Receipt this Period **25.00**  
PERSONAL CHECK

**C. Susan Nelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51105 High Meadow Dr  
City Granger State IN Zip Code 46530-7674  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Self Employed  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 09 / 2009**  
**Transaction ID : A37D371C7620041959F6**  
Amount of Each Receipt this Period **300.00**  
PERSONAL CHECK

**SUBTOTAL** of Receipts This Page (optional)..... **825.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Felicia Putnam**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3224 Oleander Ct  
City Bedford State TX Zip Code 76021-4004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 07 / 2009**  
**Transaction ID : AD02AE96D5E1641BEB74**  
Amount of Each Receipt this Period **250.00**  
PERSONAL CHECK

**B. Patricia Scalia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 709 Potomac Knolls Dr  
City Mc Lean State VA Zip Code 22102-1421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 20 / 2009**  
**Transaction ID : A4D6DECEE4BFE4E6EABE**  
Amount of Each Receipt this Period **250.00**  
CREDIT CARD

**C. Christopher Schoenecker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14145 231st Ave NW  
City Elk River State MN Zip Code 55330-9429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 04 / 2009**  
**Transaction ID : A150D189C41444102B72**  
Amount of Each Receipt this Period **100.00**  
PERSONAL CHECK

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Christopher Schoenecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14145 231st Ave NW  
 City Elk River State MN Zip Code 55330-9429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 02 / 2009  
**Transaction ID : ADCFC6A5D64504BF2AC/**  
 Amount of Each Receipt this Period 100.00  
 PERSONAL CHECK

**B. Christopher Schoenecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14145 231st Ave NW  
 City Elk River State MN Zip Code 55330-9429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2009  
**Transaction ID : A2A4CFBDCC6FA4C2293C**  
 Amount of Each Receipt this Period 100.00  
 PERSONAL CHECK

**C. Christopher Schoenecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14145 231st Ave NW  
 City Elk River State MN Zip Code 55330-9429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 03 / 2009  
**Transaction ID : ABF5DFE6659E940479F4**  
 Amount of Each Receipt this Period 100.00  
 PERSONAL CHECK

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. David Schutten**  
Full Name (Last, First, Middle Initial)

Mailing Address 3710 Overlook Dr

City Minneapolis	State MN	Zip Code 55431-3866
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2009

**Transaction ID : A4C32C3A304A349898CA**

Amount of Each Receipt this Period  
300.00

PERSONAL CHECK

**B. Stephanie Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 5908 Dorset Dr

City Plano	State TX	Zip Code 75093-8588
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EmCana Oil and Gas, USA	Occupation Engineer
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2009

**Transaction ID : AD9305A301C36420F95F**

Amount of Each Receipt this Period  
500.00

PERSONAL CHECK

**C. Janie Tarkington**  
Full Name (Last, First, Middle Initial)

Mailing Address 6637 Chessie Dr

City West Chester	State OH	Zip Code 45069-4344
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2009

**Transaction ID : AAE3DC0E0C8D84C1CB56**

Amount of Each Receipt this Period  
235.00

PERSONAL CHECK

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1035.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Becky Tink**  
Full Name (Last, First, Middle Initial)

Mailing Address 860 Prospect Blvd

City Waterloo State IA Zip Code 50701-3940

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2009  
**Transaction ID : AF26E6D8FE7D144C1A49**

Amount of Each Receipt this Period  
 500.00

PERSONAL CHECK

**B. Rudolph Toffenetti**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Brookman Ave

City Delmar State NY Zip Code 12054

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2009  
**Transaction ID : A044F525FFF4142CB890**

Amount of Each Receipt this Period  
 100.00

PERSONAL CHECK

**C. Loretta White**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 Whittier Ter

City Bloomfield State NJ Zip Code 07003-2932

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2009  
**Transaction ID : AA13EC011620D49FFA0C**

Amount of Each Receipt this Period  
 1000.00

PERSONAL CHECK

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13743.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

**A. Wachovia Bank**  
Full Name (Last, First, Middle Initial)  
Mailing Address Box 71045  
1525 West WT Harris Blvd.,  
City Charlotte State NC Zip Code 28262  
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  
05 / 30 / 2009  
**Transaction ID : ACBC639D390FC473FB34**  
Amount of Each Receipt this Period  
350.96  
Interest

**B. Wachovia Bank**  
Full Name (Last, First, Middle Initial)  
Mailing Address Box 71045  
1525 West WT Harris Blvd.,  
City Charlotte State NC Zip Code 28262  
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  
06 / 30 / 2009  
**Transaction ID : AA0ACF586FE1D45F7899**  
Amount of Each Receipt this Period  
263.67  
Interest

**C.**  
Full Name (Last, First, Middle Initial)  
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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	614.63
<b>TOTAL</b> This Period (last page this line number only).....▶	614.63

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Calibre Cpa Group**

Mailing Address 1850 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
2008 Audit

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2009

**Transaction ID : BD8770D73A3E44550BEF**

Amount of Each Disbursement this Period

6200.00

Full Name (Last, First, Middle Initial)

**B. Ceridian Employer Services**

Mailing Address P.O. Box 10989

City Newark State NJ Zip Code 07193

Purpose of Disbursement  
W-2/year end processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID : B32BE2C4231B54B9DAC2**

Amount of Each Disbursement this Period

243.91

Full Name (Last, First, Middle Initial)

**C. Ceridian Employer Services**

Mailing Address P.O. Box 10989

City Newark State NJ Zip Code 07193

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID : B1F9AF8E03F1B476EA52**

Amount of Each Disbursement this Period

54.00

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

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

6497.91

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ceridian Employer Services**

Mailing Address P.O. Box 10989

City Newark State NJ Zip Code 07193

Purpose of Disbursement  
W-2 Fed & State Filings

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2009

Transaction ID : B3BAE3C8D5DAF4E76849

Amount of Each Disbursement this Period

432.00

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2009

Transaction ID : BC000A867A616499EB37

Amount of Each Disbursement this Period

340.02

Full Name (Last, First, Middle Initial)

**C. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2009

Transaction ID : BD5094795799E4881851

Amount of Each Disbursement this Period

60.00

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

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

832.02

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	12	/	2009

**Transaction ID : BF4B8FD5CB4C449B0BFD**

Amount of Each Disbursement this Period

350.51
--------

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	12	/	2009

**Transaction ID : BD797DFF72CC74CE7848**

Amount of Each Disbursement this Period

4081.05
---------

Full Name (Last, First, Middle Initial)

**C. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2009

**Transaction ID : BD573A8A251EB43198AF**

Amount of Each Disbursement this Period

153.25
--------

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

4584.81
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2009

Transaction ID : BA919FD796D79487FBFA

Amount of Each Disbursement this Period

2.70

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2009

Transaction ID : B860A5C7FA50A4B8EB23

Amount of Each Disbursement this Period

897.36

Full Name (Last, First, Middle Initial)

**C. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2009

Transaction ID : BEF5B3F6CB9A448D5B3E

Amount of Each Disbursement this Period

60.00

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

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

960.06

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2009

Transaction ID : B5D341DBB13D4405CA54

Amount of Each Disbursement this Period

1886.47

Full Name (Last, First, Middle Initial)

### B. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Transaction ID : B5F424B649A7C45C9980

Amount of Each Disbursement this Period

2.70

Full Name (Last, First, Middle Initial)

### C. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2009

Transaction ID : B34AD825A14444908BA2

Amount of Each Disbursement this Period

198.55

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

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

2087.72

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2009

Transaction ID : B809E56454CF942188DE

Amount of Each Disbursement this Period

325.40

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2009

Transaction ID : BCDCAE90D7EB24BDF9D

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2009

Transaction ID : B645088F7A1B74FA58E7

Amount of Each Disbursement this Period

4.95

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

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

390.35



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2009

Transaction ID : B9B15043FFE1A4E27938

Amount of Each Disbursement this Period

130.33

Full Name (Last, First, Middle Initial)

### B. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2009

Transaction ID : BD8D43C58524546C3B83

Amount of Each Disbursement this Period

2.70

Full Name (Last, First, Middle Initial)

### C. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2009

Transaction ID : B291819DECD944F0A98D

Amount of Each Disbursement this Period

218.66

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

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

351.69

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2009

Transaction ID : B1AAC06B81E8645329E7

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2009

Transaction ID : BC04D6715E67C4DD4B10

Amount of Each Disbursement this Period

205.38

Full Name (Last, First, Middle Initial)

**C. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2009

Transaction ID : B664A12909672410E910

Amount of Each Disbursement this Period

25.00

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

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

290.38

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Roger's Expenses-Transp., food, hotels

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2009

Transaction ID : **BB024D8DCC1A944AC81F**

Amount of Each Disbursement this Period

1037.17
---------

Full Name (Last, First, Middle Initial)

**B. Motel 6 Columbia West**

Mailing Address 1776 Burning Tree Rd.

City Columbia State SC Zip Code 29210

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2009

Transaction ID : **B73FE152BAB6F4E9983D**

Amount of Each Disbursement this Period

41.06
-------

**[MEMO ITEM]**  
Lodging

Full Name (Last, First, Middle Initial)

**C. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2009

Transaction ID : **B9A6D2F67DA3A43F0A7F**

Amount of Each Disbursement this Period

70.00
-------

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

1107.17
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2009

Transaction ID : B715F6AE43D204112A13

Amount of Each Disbursement this Period

34.06

Full Name (Last, First, Middle Initial)

### B. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2009

Transaction ID : BB3BB7E0106E04A3E8E4

Amount of Each Disbursement this Period

435.98

Full Name (Last, First, Middle Initial)

### C. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2009

Transaction ID : B7034B42FF1284889BBF

Amount of Each Disbursement this Period

201.90

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

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

671.94

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2009

Transaction ID : B068A7A41DBA64CCB9D0

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2009

Transaction ID : BA4E59EE8860D4ED2890

Amount of Each Disbursement this Period

138.17

Full Name (Last, First, Middle Initial)

**C. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2009

Transaction ID : B26821162294C4C9DBD5

Amount of Each Disbursement this Period

8.66

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

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

206.83

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2009

Transaction ID : **BD9A08D7A27C54F0784F**

Amount of Each Disbursement this Period

60.00
-------

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2009

Transaction ID : **B8CA9CF873F9B418FB19**

Amount of Each Disbursement this Period

175.90
--------

Full Name (Last, First, Middle Initial)

**C. Wachovia Bank**

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2009

Transaction ID : **B3E9F4F3E058C4B2ABA2**

Amount of Each Disbursement this Period

199.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

435.40
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**TOTAL** This Period (last page this line number only)..... ▶

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)

**National Right to Life Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Wachovia Bank

Mailing Address Box 71045  
1525 West WT Harris Blvd.,

City Charlotte State NC Zip Code 28262

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2009

Transaction ID : B7CFA4D32262D4467B4D

Amount of Each Disbursement this Period

4.95
------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

4.95
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18421.23
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 41
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Right to Life Political Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>B &amp; B Printing</b>	Nature of Debt (Purpose): Advertisement
Mailing Address 521 Research Road	
City State Zip Code Richmond VA 23236	

Outstanding Balance Beginning This Period 306.04	<b>Transaction ID : DF860C97FDA534A0A921</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 306.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EU Services</b>	Nature of Debt (Purpose): HONY00048 Print EST (\$723.08)
Mailing Address PO Box 17164	
City State Zip Code Baltimore MD 21297-1164	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D345B5C076AA648CC88B</b>	
Amount Incurred This Period 689.77	Payment This Period 689.77	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EU Services</b>	Nature of Debt (Purpose): HONY00048 Mail EST (\$4086.55)
Mailing Address PO Box 17164	
City State Zip Code Baltimore MD 21297-1164	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D82822923070A4E9F88F</b>	
Amount Incurred This Period 5124.25	Payment This Period 5124.25	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	306.04
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	306.04
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	306.04



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
National Right to Life Political Action Committee
FEC IDENTIFICATION NUMBER
C C00111278
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Dialing Services, Llc
Mailing Address 5149 Cotton Rd.
City Roswell State NM Zip Code 88201-9714
Amount 1177.34
Transaction ID : E5D8D38BA8CEA4D4FBC
Purpose of Expenditure H0NY00048 Gotv Calls-NY20
Category/Type
Office Sought: [X] House State: NY
[ ] Senate District: 20
[ ] President
Check One: [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought 26332.76
Disbursement For: [ ] Primary [ ] General
[X] Other (specify) Special2009

Full Name (Last, First, Middle Initial) of Payee
Dialing Services, Llc
Mailing Address 5149 Cotton Rd.
City Roswell State NM Zip Code 88201-9714
Amount 1057.45
Transaction ID : E630F990B26D5405BB64
Purpose of Expenditure H0NY00048 GOTV calls-NY
Category/Type
Office Sought: [X] House State: NY
[ ] Senate District: 20
[ ] President
Check One: [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought 27390.21
Disbursement For: [ ] Primary [ ] General
[X] Other (specify) Special2009

(a) SUBTOTAL of Itemized Independent Expenditures..... 2234.79
(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.
Signature: Joseph Landrum [Electronically Filed] Date: 01 / 12 / 2012

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

NAME OF COMMITTEE (In Full) <b>National Right to Life Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C0011278
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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Dialing Services, Llc</b>	Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>03 / 02 / 2009</b>
Mailing Address <b>5149 Cotton Rd.</b>	Amount <span style="margin-left: 20px;">210.64</span>
City <b>Roswell</b> State <b>NM</b> Zip Code <b>88201-9714</b>	<b>Transaction ID : EB03424378B554EF29CF</b>
Purpose of Expenditure <b>H01L05146 GOTV calls</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>IL</b> <input type="checkbox"/> Senate District: <b>05</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CARY CAPPARELLI</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>210.64</b></span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

Full Name (Last, First, Middle Initial) of Payee <b>EU Services</b> <b>[MEMO ITEM]</b>	Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>03 / 16 / 2009</b>
Mailing Address <b>PO Box 17164</b>	Amount <span style="margin-left: 20px;">4086.55</span>
City <b>Baltimore</b> State <b>MD</b> Zip Code <b>21297-1164</b>	<b>Transaction ID : E07FF1376369442D793A</b>
Purpose of Expenditure <b>H0NY00048 Mail EST</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>20</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>15436.22</b></span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;"><b>210.64</b></span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

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.

*Joseph Landrum*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 12 / 2012**

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

NAME OF COMMITTEE (In Full) <b>National Right to Life Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C0011278
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	

Full Name (Last, First, Middle Initial) of Payee <b>EU Services</b>		Date MM / DD / YYYY <b>03 / 16 / 2009</b>
Mailing Address <b>PO Box 17164</b>		Amount <b>4812.57</b>
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21297-1164</b>
Purpose of Expenditure <b>H0NY00048 Postage</b>	Category/Type	<b>Transaction ID : EF61AAB3A6B1A4778B9C</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>NY</b> <input type="checkbox"/> Senate    District: <b>20</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>15436.22</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

Full Name (Last, First, Middle Initial) of Payee <b>EU Services</b>		Date MM / DD / YYYY <b>03 / 16 / 2009</b>
Mailing Address <b>PO Box 17164</b>		Amount <b>689.77</b>
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21297-1164</b>
Purpose of Expenditure <b>H0NY00048 Print</b>	Category/Type	<b>Transaction ID : EFC193794E4664C5F939</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>NY</b> <input type="checkbox"/> Senate    District: <b>20</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>15436.22</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>5502.34</b>
(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.

*Joseph Landrum*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 12 / 2012**

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

NAME OF COMMITTEE (In Full) <b>National Right to Life Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C0011278
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	

Full Name (Last, First, Middle Initial) of Payee <b>EU Services</b>		Date MM / DD / YYYY 03 / 16 / 2009
Mailing Address PO Box 17164		Amount 5124.25
City Baltimore	State MD	Zip Code 21297-1164
Purpose of Expenditure H0NY00048 Mail	Category/ Type	<b>Transaction ID : EB8D811748BEE46DFBF9</b>
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES TEDISCO		Office Sought: <input checked="" type="checkbox"/> House    State: NY <input type="checkbox"/> Senate    District: 20 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 15436.22		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Special2009

Full Name (Last, First, Middle Initial) of Payee <b>EU Services</b> <b>[MEMO ITEM]</b>		Date MM / DD / YYYY 03 / 16 / 2009
Mailing Address PO Box 17164		Amount 723.08
City Baltimore	State MD	Zip Code 21297-1164
Purpose of Expenditure H0NY00048 Print EST	Category/ Type	<b>Transaction ID : E00F769942FA84098BB3</b>
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES TEDISCO		Office Sought: <input checked="" type="checkbox"/> House    State: NY <input type="checkbox"/> Senate    District: 20 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 15436.22		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Special2009

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	5124.25
(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.

*Joseph Landrum*  
Signature

[Electronically Filed]    Date MM / DD / YYYY  
01 / 12 / 2012

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

NAME OF COMMITTEE (In Full) <b>National Right to Life Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; margin-right: 5px;">C</span> C0011278         </div>
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="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Wbar</b>		Date <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">03 / 24 / 2009</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>30 Park Avenue</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">432.00</div>	
City State Zip Code <b>Coeymans Hollow NY 12046</b>		<b>Transaction ID : E2633F897AC874294BC8</b>	
Purpose of Expenditure <b>H0NY00048 Radio Ads</b>		Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>20</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>		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; display: inline-block;">25155.42</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>	

Full Name (Last, First, Middle Initial) of Payee <b>Wcss</b>		Date <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">03 / 24 / 2009</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1250 Riverfront Center</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div>	
City State Zip Code <b>Amsterdam NY 12010</b>		<b>Transaction ID : ED04181A0A0AA4FAF829</b>	
Purpose of Expenditure <b>H0NY00048 Radio Ads</b>		Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>20</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>		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; display: inline-block;">25155.42</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	632.00
(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.

*Joseph Landrum*

[Electronically Filed]    Date 

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

01 / 12 / 2012

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

Signature

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

NAME OF COMMITTEE (In Full) <b>National Right to Life Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C0011278
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	

Full Name (Last, First, Middle Initial) of Payee <b>Wdcd</b>		Date MM / DD / YYYY <b>03 / 24 / 2009</b>
Mailing Address <b>4243 Albany Street</b>		Amount <b>360.00</b>
City <b>Albany</b>	State <b>NY</b>	
Zip Code <b>12205</b>	<b>Transaction ID : E46314BF6253F4CAF9FD</b>	
Purpose of Expenditure <b>H0NY00048 Radio Ads</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>NY</b> <input type="checkbox"/> Senate    District: <b>20</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>25155.42</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

Full Name (Last, First, Middle Initial) of Payee <b>Wgdj</b>		Date MM / DD / YYYY <b>03 / 24 / 2009</b>
Mailing Address <b>51 South Pearl Street</b>		Amount <b>765.00</b>
City <b>Albany</b>	State <b>NY</b>	
Zip Code <b>12207</b>	<b>Transaction ID : EEC26FBBECEFO479CAA</b>	
Purpose of Expenditure <b>H0NY00048 Radio Ads</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>NY</b> <input type="checkbox"/> Senate    District: <b>20</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>25155.42</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>1125.00</b>
(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.

*Joseph Landrum*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 12 / 2012**

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

NAME OF COMMITTEE (In Full) <b>National Right to Life Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C0011278
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	

Full Name (Last, First, Middle Initial) of Payee <b>Wgy</b>	Date MM / DD / YYYY <b>03 / 24 / 2009</b>
Mailing Address 1203 Troy Schenectady Rd.	Amount <b>3315.00</b>
City Latham      State NY      Zip Code 12110	
Purpose of Expenditure H0NY00048 Radio Ads	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>	Office Sought: <input checked="" type="checkbox"/> House    State: NY <input type="checkbox"/> Senate    District: 20 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>25155.42</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

**Transaction ID : E488FA4A9BDF1422BA23**

Full Name (Last, First, Middle Initial) of Payee <b>Wjiv</b>	Date MM / DD / YYYY <b>03 / 24 / 2009</b>
Mailing Address 1668 County Highway 50	Amount <b>826.20</b>
City Cherry Valley      State NY      Zip Code 13320	
Purpose of Expenditure H0NY00048 Radio Ads	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>	Office Sought: <input checked="" type="checkbox"/> House    State: NY <input type="checkbox"/> Senate    District: 20 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>25155.42</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

**Transaction ID : E0B33E8C1D1814907A18**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>4141.20</b>
(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.

*Joseph Landrum*      [Electronically Filed]      Date **01 / 12 / 2012**

Signature

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

NAME OF COMMITTEE (In Full) <b>National Right to Life Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C0011278
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	

Full Name (Last, First, Middle Initial) of Payee <b>Wkip</b>	Date MM / DD / YYYY <b>03 / 24 / 2009</b>
Mailing Address <b>20 Tucker Drive</b>	Amount <b>900.00</b>
City <b>Poughkeepsie</b> State <b>NY</b> Zip Code <b>12603</b>	
Purpose of Expenditure <b>H0NY00048 Radio Ads</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>NY</b> <input type="checkbox"/> Senate      District: <b>20</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>25155.42</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

**Transaction ID : E8B300A51F61040338C9**

Full Name (Last, First, Middle Initial) of Payee <b>Wptr</b>	Date MM / DD / YYYY <b>03 / 24 / 2009</b>
Mailing Address <b>4243 Albany Street</b>	Amount <b>396.00</b>
City <b>Albany</b> State <b>NY</b> Zip Code <b>12205</b>	
Purpose of Expenditure <b>H0NY00048 Radio Ads</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>NY</b> <input type="checkbox"/> Senate      District: <b>20</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>25155.42</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>

**Transaction ID : E18EE97CF4771459B972**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>1296.00</b>
(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.

*Joseph Landrum*      [Electronically Filed]      Date **01 / 12 / 2012**

Signature



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

NAME OF COMMITTEE (In Full) <b>National Right to Life Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00111278
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	

Full Name (Last, First, Middle Initial) of Payee <b>Wrow</b>	Date MM / DD / YYYY <b>03 / 24 / 2009</b>
Mailing Address <b>6 Johnson Rd</b>	Amount <b>2125.00</b>
City <b>Latham</b> State <b>NY</b> Zip Code <b>12110</b>	
Purpose of Expenditure <b>H0NY00048 Radio Ads</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>NY</b> <input type="checkbox"/> Senate    District: <b>20</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>25155.42</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>	

**Transaction ID : EA3A8D605306B46399B2**

Full Name (Last, First, Middle Initial) of Payee <b>Wwsc</b>	Date MM / DD / YYYY <b>03 / 24 / 2009</b>
Mailing Address <b>128 Glen Street</b>	Amount <b>400.00</b>
City <b>Glens Falls</b> State <b>NY</b> Zip Code <b>12801</b>	
Purpose of Expenditure <b>H0NY00048 Radio Ads</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES TEDISCO</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>NY</b> <input type="checkbox"/> Senate    District: <b>20</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>25155.42</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special2009</b>	

**Transaction ID : E93C54E33C6364AAEAB3**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>2525.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>22791.22</b>

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.

*Joseph Landrum*

Signature \_\_\_\_\_ [Electronically Filed]      Date **01 / 12 / 2012**