

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

NAME OF COMMITTEE (In Full)
Ohio Right To Life Society, Inc. PAC

FED IDENTIFICATION NUMBER
C C00097196

Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee Ohio Right To Life	Date M / N / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 2238 S. Hamilton Road Suite 2	Amount 24.66
City State Zip Code Columbus OH 43228	Transaction ID: SE24.5120
Purpose of Expenditure mailing list for bal- lot cards	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: PAUL E GILLMOR	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____ [MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee Ohio Right To Life	Date M / N / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 2238 S. Hamilton Road Suite 2	Amount 54.80
City State Zip Code Columbus OH 43228	Transaction ID: SE24.8147
Purpose of Expenditure mailing list	Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: LARRY A KACZALA	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____ [MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 _____ Date M / N / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 5