

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 <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Mailing Address
947 Croyden Dr

City Dayton	State OH	Zip Code 45420
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Purpose of Expenditure H6NV02172 Radio Ad	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 6

Amount
480.00

Transaction ID: E364A284ECE564CD7BAC

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

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
0" 8

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

Mailing Address
947 Croyden Dr

City Dayton	State OH	Zip Code 45420
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Purpose of Expenditure H6NV02172 Radio Ad	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 6

Amount
509.94

Transaction ID: E98163B5387EB4496893

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

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
0" 8

(a) SUBTOTAL of Itemized Independent Expenditures	989.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carol Tobias
Signature

Date M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9