

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

2. FEC IDENTIFICATION NUMBER C00111278 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on 11/08/2016 in the State of DC. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on 11/08/2016 in the State of DC.

5. Covering Period 10/20/2016 through 11/28/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Cockfield, Wayne, , , Type or Print Name of Treasurer

Signature of Treasurer Cockfield, Wayne, , , [Electronically Filed] Date 12/16/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2016"/>		96788.71
(b) Cash on Hand at Beginning of Reporting Period.....	166618.03	
(c) Total Receipts (from Line 19)	116130.19	493988.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	282748.22	590777.08
7. Total Disbursements (from Line 31).....	239348.78	547377.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43399.44	43399.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	628000.00	
10. Debts and Obligations Owed BY 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

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Page 3

Write or Type Committee Name

National Right to Life Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

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).....	13222.00	59444.50
(ii) Unitemized	100408.19	430043.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	113630.19	489488.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	4500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	116130.19	493988.37
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	116130.19	493988.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	116130.19	493988.37

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	38051.29	96679.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38051.29	96679.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6000.00
24. Independent Expenditures (use Schedule E)	141297.49	384597.97
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	40000.00	40000.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(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	100.00
29. Other Disbursements (Including Non-Federal Donations).....	20000.00	20000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	239348.78	547377.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	239348.78	547377.64

DETAILED SUMMARY PAGE
of Disbursements

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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)	116130.19	493988.37
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	116130.19	493888.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	38051.29	96679.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38051.29	96679.67

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Memo #1 The Committee is aware of the regulations regarding the disclosure of the name, address, employer and occupation of every contributor who contributes more than \$200 aggregate in a calendar year. The Committee fully discloses all contributor names and other information as they are indicated by the contributor. Every solicitation includes a clear and conspicuous request for the contributor information and informs the contributor of the requirements of federal law to report this information. If the information is not received with the contribution, the contributor is contacted per FEC guidelines by mail, by telephone or by email to obtain the missing information. All requests clearly ask for the missing information without soliciting further contributions, inform the contributor of the requirements of federal law for reporting this information, and, if the request is by mail, include a pre-addressed return envelope. Memo #2 Please note the committee made loans to a connected organization. These loans will be repaid with permissible funds, from contributions from individuals of \$5,000 or less

Form/Schedule:
Transaction ID:

**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 192
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McCartney, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 45th Ct SW
 City Vero Beach State FL Zip Code 32968-4169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 20 / 2016
Transaction ID : A2F0D66DA49E647AE851
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Bush, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20730 Virginia Ln
 City Grosse Pointe Woods State MI Zip Code 48236-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unknown Occupation (for Individual) Maintenance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2016
Transaction ID : A65F93A72E94A482FA8A
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Renairi, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13008 Kidwell Dr
 City Woodbridge State VA Zip Code 22193-5239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2016
Transaction ID : A67BC4F2D9FFA459D8D2
 Amount of Each Receipt this Period 250.00
 Memo Item

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 8 OF 192
	<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. Stooksberry, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5917 Pleasant Farm Dr
 City Beaufort State SC Zip Code 29906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2016
Transaction ID : A7D603C52913E4A6098A
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bloxom, Lou, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Po Box 131
 City Rankin State TX Zip Code 79778-0131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 20 / 2016
Transaction ID : A60E87B11F1304675944
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Martin, Bing, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Hamptonridge Rd
 City Oklahoma City State OK Zip Code 73034-4075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2016
Transaction ID : ABCA642DEDC1C4507B13
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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:	PAGE 9 OF 192
	(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"/> 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. Davis, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1029 Riverstone Ct
 City West Columbia State SC Zip Code 29169-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodland Pysbeterian Church Occupation (for Individual) Minister
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2016
Transaction ID : AC5FC0EBD322A417D846
 Amount of Each Receipt this Period 300.00
 Memo Item

B. King, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8801 Park Place Circle
 City West Chester State OH Zip Code 45069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2016
Transaction ID : A188ABAB90AFD4FD189B
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Stack, Ronald J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1375 Parkland Way
 City Leland State NC Zip Code 28451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2016
Transaction ID : AB6199F24A6EF460182D
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 10 OF 192
	<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. LeBlanc, Michelle M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Michelle Cir
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Home Occupation (for Individual) Housewife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2016
Transaction ID : AD344A897D5154CC2A2C
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Chellis, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8354 Luce Court
 City Springfield State VA Zip Code 22153-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St John Paul the Great High School, Du Occupation (for Individual) Administrative Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 26 / 2016
Transaction ID : A34551E34E6A24F308C7
 Amount of Each Receipt this Period 196.00
 Memo Item

C. Lopez, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2764 Del Norte Dr SW
 City Albuquerque State NM Zip Code 87105-5628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 27 / 2016
Transaction ID : A79E2AAACE0C2488EB49
 Amount of Each Receipt this Period 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	806.00
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 192
	<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. Bacon, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11038 N Cimarron Rd
 City Yukon State OK Zip Code 73099-2331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2016
Transaction ID : A80C8F465000A42F5BAE
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gilmore, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 French Ave #2
 City Brockton State MA Zip Code 02301-6518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 27 / 2016
Transaction ID : ACB01C79A16D549CD8CD
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Winter, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Star St E #5
 City Maple Lake State MN Zip Code 55358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2016
Transaction ID : A1A8E0AE9EFF444C6B13
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 192
	<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. Fields, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Jonathan Ln
 City Irmo State SC Zip Code 29063-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2016
Transaction ID : A462E8C758CF540DB8A2
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Balaban, Dorota, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16377 Lost Horizon Dr
 City Anchorage State AK Zip Code 99516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2016
Transaction ID : A15DC2B2533F54B17AE7
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Reamer, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2727 Willowood Dr.
 City Erie State PA Zip Code 16506-5171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2016
Transaction ID : A245BDF027A424AB79E3
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 13 OF 192
	<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	<input type="checkbox"/> 17

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

A. Casey, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7607 Woodbridge Ln
 City Portage State MI Zip Code 49024-4403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2016
Transaction ID : A17517D2BB63F4B4F942
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ridinger, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 601
 City Rogersville State AL Zip Code 35652-0601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coxey Church of Christ - Athens, AL Occupation (for Individual) Preacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2016
Transaction ID : A86DD7AD8A59A447DA87
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Morisseau, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 Nancy Ln
 City Harrisville State RI Zip Code 02830-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2016
Transaction ID : ADD912D46216249D08B2
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 192
	<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. Allman, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3115 Grace Rd

City Kalamazoo	State MI	Zip Code 49006-2911
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Meijer	Occupation (for Individual) Grocer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2016

Transaction ID : A3528B6F0F7924282BC5

Amount of Each Receipt this Period
50.00

Memo Item

B. Hooper, Joan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Hillcrest Park

City Clinton	State NJ	Zip Code 08809-1325
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2016

Transaction ID : A539C91C7C8D24265BE8

Amount of Each Receipt this Period
100.00

Memo Item

C. Boyer, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4962 Devonshire Ave

City Memphis	State TN	Zip Code 38117
-----------------	-------------	-------------------

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

Name of Employer (for Individual) TASCO LLC.	Occupation (for Individual) Sales
---	--------------------------------------

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
10		30		2016

Transaction ID : AADBBA71CEAB74483A67

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 192
	<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	<input type="checkbox"/> 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

A. Dunn, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 793 Palmer Rd #1B
 City Bronxville State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2016
Transaction ID : AB1AE48E91FB44A55ADF
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Kimball, Kristopher & Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8566 Woodruff Dr SW
 City Byron Center State MI Zip Code 49315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2016
Transaction ID : A698581AFF977468FB07
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Stolzenburg, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37833 S Kilgore Rd
 City Crookston State NE Zip Code 69212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2016
Transaction ID : AFF4D46B3AF104F1AACD
 Amount of Each Receipt this Period 250.00
 Memo Item

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:	PAGE 16 OF 192
	(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"/> 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. Dunne, Sherry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 551 E Ingram St
 City Mesa State AZ Zip Code 85203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) 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
 10 / 30 / 2016
Transaction ID : A1043A348631C4DAEB6E
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Docherty, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 W 4th St
 City Brooklyn State NY Zip Code 11223-2727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) 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
 10 / 30 / 2016
Transaction ID : A2582451CACE64F9681C
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Prata, Irene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 W 17th St
 City Upland State CA Zip Code 91784-1972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) 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
 10 / 30 / 2016
Transaction ID : A1C9434ED3F314C658DD
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 17 OF 192
	<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	<input type="checkbox"/> 17

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

A. Collison, Roberta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1226 Missouri Ave
 City Saint Louis State MO Zip Code 63122-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Unknown
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2016
Transaction ID : A1CAB2C59C0CA4D128AE
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gutelius, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Kelvin Grove Dr
 City St Simons Isl State GA Zip Code 31522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2016
Transaction ID : A0CC7DD8FE15A4F129E0
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Stoelk, Eugene and Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 455 NW Fremont St
 City Camas State WA Zip Code 98607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2016
Transaction ID : A014C31F76D894991903
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 18 OF 192
	<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. Pahler, Madeline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18760 Rivercliff Dr
 City Cleveland State OH Zip Code 44126-1744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Unknown
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2016
Transaction ID : AB884C03ECCE74C3184D
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Parker, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 298
 City Petoskey State MI Zip Code 49770-0917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2016
Transaction ID : A1CD2EC3525814364A0D
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Remmes, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 S 20th St #109
 City Denison State IA Zip Code 51442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2016
Transaction ID : ACF46317DD919434FB3F
 Amount of Each Receipt this Period 100.00
 Memo Item

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 19 OF 192
	<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. Chellis, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8354 Luce Court
 City Springfield State VA Zip Code 22153-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St John Paul the Great High School, Du Occupation (for Individual) Administrative Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 10 / 31 / 2016
Transaction ID : AFE69751F016F4B2EB9E
 Amount of Each Receipt this Period 98.00
 Memo Item

B. Eggerding, Mark D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Keystone Ave
 City River Forest State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/a Occupation (for Individual) Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2016
Transaction ID : AC5FE5949AD364C16B10
 Amount of Each Receipt this Period 300.00
 Memo Item

C. White, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Stacy Ln
 City White River Junction State VT Zip Code 05001-6069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2016
Transaction ID : A5AACBB9E1B0A4B5D9E8
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	898.00
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 20 OF 192
	<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	<input type="checkbox"/> 17

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

A. Potter, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Deerfield Dr
 City Dover State NH Zip Code 03820-5309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 03 / 2016
Transaction ID : A6C4A7E8EB3744BD4AC1
 Amount of Each Receipt this Period
 240.00
 Memo Item

B. Werling, Marcella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 81
 City Burkettsville State OH Zip Code 45310-0081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 03 / 2016
Transaction ID : A834F62052AF440CCA56
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Pace, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3422 Flint Hill PI
 City Woodbridge State VA Zip Code 22192-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAA Occupation (for Individual) Meteorologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 11 / 07 / 2016
Transaction ID : A65107D581CED4789B13
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
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 21 OF 192
	<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	<input type="checkbox"/> 17

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

A. Lanka, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 County Rd 160
 City Stapleton State NE Zip Code 69163-5101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Rancher
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.00

Date of Receipt 11 / 08 / 2016
Transaction ID : A8CB4CEB1AB9448C1ABI
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Reynolds, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7832 156th St SE
 City Snohomish State WA Zip Code 98296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 11 / 08 / 2016
Transaction ID : A223A5F17F7BD4A45B3F
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Stooksberry, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5917 Pleasant Farm Dr
 City Beaufort State SC Zip Code 29906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 11 / 08 / 2016
Transaction ID : A0531E11F529D40F5888
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
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 22 OF 192
	<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	<input type="checkbox"/> 18

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

A. Anders, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 Cliffview Dr
 City Asheville State NC Zip Code 28803-8602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employerd Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 11 / 08 / 2016
Transaction ID : AEA32626DAA434576817
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Trenkle, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 12655
 City Huntsville State AL Zip Code 35815-2655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2016
Transaction ID : A42EA7C97402B44E1A81
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Koloze, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10019 Granger Rd
 City Garfield Heights State OH Zip Code 44125-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Of Phoenix Occupation (for Individual) Professor, Campus College Chair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 14 / 2016
Transaction ID : A25BBA8F140F0423DB24
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	515.00
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 23 OF 192
	<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. Trenkle, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 12655
 City Huntsville State AL Zip Code 35815-2655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 16 / 2016
Transaction ID : AF844B5D44F1944EDB3F
 Amount of Each Receipt this Period 100.00
 Memo Item

B. O'Brien, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 S Prospect Ave
 City Park Ridge State IL Zip Code 60068-5344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2016
Transaction ID : AF4F5A340CB144CB5BE3
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Neiford, Eileen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 Briarcliff Dr
 City Beaumont State TX Zip Code 77706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2016
Transaction ID : AD015B43949A4403EB35
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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 24 OF 192
	<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. Grady, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3132 Overcup Dr
 City Sherwood State AR Zip Code 72120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 11 / 16 / 2016
Transaction ID : A1100644CFF834377AE3
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Mangeri, Janice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Foothills Dr
 City Pompton Plains State NJ Zip Code 07444-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 SM Heating & A/C Clerical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 11 / 16 / 2016
Transaction ID : A6A954A58F78F41168E1
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Meier, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4080 S State Route 605
 City Galena State OH Zip Code 43021-9460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 778.00

Date of Receipt
 11 / 18 / 2016
Transaction ID : A7C202172B9264BDA929
 Amount of Each Receipt this Period
 778.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1078.00
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 25 OF 192
	<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	<input type="checkbox"/> 17

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

A. Davis, Clarence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 70
 City De Kalb State TX Zip Code 75559-0070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blank Occupation (for Individual) Retired Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2016
Transaction ID : AC9EA9C75B57B43D3A26
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Fitzpatrick, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Spring Street
 City Chilton State WI Zip Code 53014-1256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WI State Correctional System Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 21 / 2016
Transaction ID : A3C4158BF075D4E95B7B
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Botero, Edwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 Stockbury Dr
 City Fort Collins State CO Zip Code 80525-9697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JBS Swift Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 21 / 2016
Transaction ID : AD785739B2320414784B
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 245.00
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: PAGE 26 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Driscoll, Karen, , ,

Mailing Address 2906 Grove Dr

City Ft Pierce State FL Zip Code 34981

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) 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
 11 / 25 / 2016

Transaction ID : AE75C01079ED44083AC8

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	13222.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 27 OF 192	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. RIGHT TO LIFE OF MICHIGAN POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 901

City GRAND RAPIDS	State MI	Zip Code 49509
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00101212

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2016

Transaction ID : A318A6176DBCF49FEB3F

Amount of Each Receipt this Period
2500.00

Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

**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"/> 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. Elavon Merchant Services

Mailing Address Two Concourse Parkway, Suite 800

City
Atlanta

State
GA

Zip Code
30328-5588

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C [Redacted]
Transaction ID : B67E904F8E!
Amount of Each Disbursement this Period
[Redacted] 87.99

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163-0001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C [Redacted]
Transaction ID : B12000C5682
Amount of Each Disbursement this Period
[Redacted] 71.03

Memo Item

Full Name (Last, First, Middle Initial)

C. National Right To Life Committee

Mailing Address 512 10th St NW

City
Washington

State
DC

Zip Code
20004-1401

Purpose of Disbursement
List Purchase

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [Redacted]
Transaction ID : B63973609E!
Amount of Each Disbursement this Period
[Redacted] 10112.25

Memo Item

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

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

[Redacted]	10271.27
------------	----------

[Redacted]	
------------	--

**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"/> 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. Elavon Merchant Services

Mailing Address Two Concourse Parkway, Suite 800

City
Atlanta

State
GA

Zip Code
30328-5588

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C [Redacted]

Transaction ID : B6E5C3B540

Amount of Each Disbursement this Period

[Redacted] 87.99

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163-0001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C [Redacted]

Transaction ID : B4D612D3654

Amount of Each Disbursement this Period

[Redacted] 85.19

Memo Item

Full Name (Last, First, Middle Initial)

C. Mds Communications

Mailing Address 545 W Juanita Ave

City
Mesa

State
AZ

Zip Code
85210-6033

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [Redacted]

Transaction ID : B5AAC1304E

Amount of Each Disbursement this Period

[Redacted] 2156.34

Memo Item

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

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

[Redacted] 2329.52

[Redacted]

**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"/> 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. National Right To Life Committee

Mailing Address 512 10th St NW

City
Washington

State
DC

Zip Code
20004-1401

Purpose of Disbursement
List Purchase

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2016			

FEC Identification Number

C []

Transaction ID : B74BA5707E

Amount of Each Disbursement this Period

[] 24603.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Us Postmaster

Mailing Address 900 Brentwood Rd NE

City
Washington

State
DC

Zip Code
20066-9201

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2016			

FEC Identification Number

C []

Transaction ID : BC65DA973F

Amount of Each Disbursement this Period

[] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ragan, Jacki, , ,

Mailing Address 512 10th St NW

City
Washington

State
DC

Zip Code
20004-1401

Purpose of Disbursement
Expense Reimbursement-See Memo

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C []

Transaction ID : B789130D64

Amount of Each Disbursement this Period

[] 392.50

Memo Item

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

[] 25295.50

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

[]

**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"/> 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. Getty Images

Mailing Address 605 5th Ave South, Suite 400

City
Seattle

State
WA

Zip Code
98104-3887

Purpose of Disbursement
Photo Purchase

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : BF042662343

Amount of Each Disbursement this Period

[REDACTED] 392.50

Photo Purchase

Memo Item

Full Name (Last, First, Middle Initial)

B. Ragan, Jacki, , ,

Mailing Address 512 10th St NW

City
Washington

State
DC

Zip Code
20004-1401

Purpose of Disbursement
Expense Reimbursement-See Memo

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : B82D3AC594

Amount of Each Disbursement this Period

[REDACTED] 155.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Getty Images

Mailing Address 605 5th Ave South, Suite 400

City
Seattle

State
WA

Zip Code
98104-3887

Purpose of Disbursement
Photo Purchase

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : BA5965AE89

Amount of Each Disbursement this Period

[REDACTED] 155.00

Photo Purchase

Memo Item

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

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

[REDACTED] 155.00

[REDACTED] 38051.29

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input checked="" 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

A. National Right To Life Committee

Full Name (Last, First, Middle Initial)

Mailing Address 512 10th St NW

City Washington State DC Zip Code 20004-1401

Purpose of Disbursement Loan

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number: C

Transaction ID : B66CA8B1A8

Amount of Each Disbursement this Period: 40000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	40000.00
TOTAL This Period (last page this line number only).....▶	40000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. National Right To Life Committee Medical Ethics

Mailing Address 512 10th Street NW

City
Washington

State
DC

Zip Code
20004-1401

Purpose of Disbursement
Non Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

C
Transaction ID : B9724B0AB8
Amount of Each Disbursement this Period
11000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. National Right To Life Committee Medical Ethics

Mailing Address 512 10th Street NW

City
Washington

State
DC

Zip Code
20004-1401

Purpose of Disbursement
Non Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C
Transaction ID : B2229C40326
Amount of Each Disbursement this Period
3200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. National Right To Life Committee Medical Ethics

Mailing Address 512 10th Street NW

City
Washington

State
DC

Zip Code
20004-1401

Purpose of Disbursement
Non Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C
Transaction ID : BEE10C5687
Amount of Each Disbursement this Period
5800.00

Memo Item

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

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

20000.00
20000.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : **CC549F6F644F34A82905**

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				
City Washington	State DC	ZIP Code 20004-1401	Other	

Original Amount of Loan 150000.00	Cumulative Payment To Date 12000.00	Balance Outstanding at Close of This Period 138000.00
--------------------------------------	--	--

TERMS

Date Incurred MM / DD / YYYY 11 / 17 / 2011	Date Due MM / DD / YYYY 01 / 31 / 2014	Interest Rate None % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 138000.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : CE9CD40BB0148498E991

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				
City Washington	State DC	ZIP Code 20004-1401	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 11 / 10 / 2014	MM / DD / YYYY 11 / 13 / 2015	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	100000.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : CC8AD08A1DF874372863

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				
City Washington	State DC	ZIP Code 20004-1401	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 16 / 2013	MM / DD / YYYY 01 / 31 / 2014	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	75000.00
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : CA03341AAF00541EDAAF

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				
City Washington	State DC	ZIP Code 20004-1401	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 06 / 12 / 2015	MM / DD / YYYY 11 / 13 / 2015	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	30000.00
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : C548AE932EBA04A4F937

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				
City Washington	State DC	ZIP Code 20004-1401	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 11 / 10 / 2014	MM / DD / YYYY 11 / 10 / 2015	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : C18B232C1F7994FFFB40

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				
City Washington	State DC	ZIP Code 20004-1401	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
80000.00	0.00	80000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 22 / 2014	MM / DD / YYYY 08 / 14 / 2015	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	80000.00
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : **C66CA8B1A85754CFDB20**

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				Other _____
City Washington	State DC	ZIP Code 20004-1401		

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS

Date Incurred MM / DD / YYYY 11 / 09 / 2016	Date Due MM / DD / YYYY 12 / 31 / 2017	Interest Rate None % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)	▶	40000.00
TOTALS This Period (last page in this line only)	▶	_____

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : **C7C8D103611044D68A59**

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				Other _____
City Washington	State DC	ZIP Code 20004-1401		

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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TERMS

Date Incurred MM / DD / YYYY 08 / 14 / 2014	Date Due MM / DD / YYYY 08 / 14 / 2015	Interest Rate None % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)	▶	15000.00
TOTALS This Period (last page in this line only)	▶	_____

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : C83759D09F245495F9AA

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				
City Washington	State DC	ZIP Code 20004-1401	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 14 / 2015	MM / DD / YYYY 11 / 13 / 2015	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Right to Life Political Action Committee** Transaction ID : C41135A1EFE2C4668B8E

LOAN SOURCE Full Name (Last, First, Middle Initial) National Right To Life Committee			<input checked="" type="checkbox"/> Memo Item	Election: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 512 10th St NW				
City Washington	State DC	ZIP Code 20004-1401	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	150000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 28 / Y 2009	M 12 / D 31 / Y 2011	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	628000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 192
	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 Printing			Nature of Debt (Purpose): Advertisement
Mailing Address 521 Research Rd			
City North Chesterfield	State VA	Zip Code 23236-3046	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	306.04
2) TOTALS This Period (last page this line number only)..... ▶	306.04
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E70452EAE343F4155A01
Purpose of Expenditure IE-Printing-Clinton Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, Rodham, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 128233.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EE278F19597D3448FBC1
Purpose of Expenditure IE-Printing-Heck Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Heck, Joe, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6441.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 8233.35
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Guinta
Date of Public Distribution/Dissemination 10/20/2016
Amount 795.59
Transaction ID : E5B64C92CA33E47CF8EE
Date of Disbursement or Obligation

Name of Federal Candidate: Guinta, Frank, , ,
Support Oppose
Office Sought: House District: 01
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 795.59
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Ayotte
Date of Public Distribution/Dissemination 10/20/2016
Amount 1791.88
Transaction ID : EFDCE89BFF944BC6B7
Date of Disbursement or Obligation

Name of Federal Candidate: Ayotte, Kelly, , ,
Support Oppose
Office Sought: House District:
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1791.88
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2587.47
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12/16/2016
Signature

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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EBAC6D2AA33B0421A9D:
Purpose of Expenditure IE-Printing-Clinton Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, Rodham, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 128233.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E214E99FE12584955859
Purpose of Expenditure IE-Printing-Tarkanian Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Tarkanian, Danny, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1463.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 7904.80
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , [Electronically Filed]
Signature Date / /

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 33.21 Transaction ID : EA643FA5A22F549D9B17 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Comstock Category/Type <input type="text"/>	
Name of Federal Candidate: Comstock, Barbara, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: VA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 33.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 746.05 Transaction ID : E9C0996BBCDAA41929A1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Hollingsworth Category/Type <input type="text"/>	
Name of Federal Candidate: Hollingsworth, Trey, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 09 State: IN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 746.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 779.26
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9879.14</div> Transaction ID : E1076F05FD6E249D79F2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Indianapolis</td> <td style="padding: 2px;">IN</td> <td style="padding: 2px;">46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Young							
Name of Federal Candidate: Young, Todd, Christopher, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <u>IN</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">9879.14</div>						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">24174.30</div> Transaction ID : E57DBBA66D51045739A2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Indianapolis</td> <td style="padding: 2px;">IN</td> <td style="padding: 2px;">46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Clinton							
Name of Federal Candidate: Clinton, Hillary, Rodham, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) _____ District: <u>00</u> State: _____						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">152407.68</div>						

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">34053.44</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

Signature

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 of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Blunt
Name of Federal Candidate: Blunt, Roy, , ,
Amount: 14295.16
Transaction ID: E821F79134B9046F4AB4

Full Name of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Toomey
Name of Federal Candidate: Toomey, Pat, , ,
Amount: 511.55
Transaction ID: EFEB7E2FFC21248ECA5A

(a) SUBTOTAL of Itemized Independent Expenditures: 14806.71
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EF0316B67234E4EAA90B
Purpose of Expenditure IE-Printing-Gowdy Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Gowdy, Trey, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: SC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EEADD186BF3F54B53B9C
Purpose of Expenditure IE-Printing-LaMalfa Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Lamalfa, Doug, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 19.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 34.36
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , [Electronically Filed] Date / /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Comer
Name of Federal Candidate: Comer, James, , , Support
Office Sought: House District: 01 State: KY
Calendar Year-To-Date Per Election for Office Sought 12.85
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Anthanasopoulos
Name of Federal Candidate: Athanasopoulos, George, , , Support
Office Sought: House District: 07 State: CO
Calendar Year-To-Date Per Election for Office Sought 16.35
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 29.20
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 11.47 Transaction ID : E78029928501A495EA28 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Sessions Category/Type <input type="text"/>	
Name of Federal Candidate: Sessions, Pete, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 32 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 11.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 11.00 Transaction ID : EEB32FA8D32A4488D87D Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Knight Category/Type <input type="text"/>	
Name of Federal Candidate: Knight, Steve, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 25 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 11.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 22.47
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EDA80DD66381A4DE09FE
Purpose of Expenditure IE-Printing-Portman Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Portman, Rob, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 655.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EFFC08CA1D5084ABDB6
Purpose of Expenditure IE-Printing-Huizenga Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Huizenga, William, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 85.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 740.08
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E7FF4A14EDD184BDE8B1
Purpose of Expenditure IE-Printing-Szeliga		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Szeliga, Kathy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MD</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E5F82F3B45CA248A988A
Purpose of Expenditure IE-Printing-Poe		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Poe, Ted, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 7.31 Transaction ID : E0A53970D521446ABB04 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Rogers Category/Type <input type="text"/>	
Name of Federal Candidate: Rogers, Hal, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: KY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 7.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 10.02 Transaction ID : EC2A448363791450E98C Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Cleek Category/Type <input type="text"/>	
Name of Federal Candidate: Cleek, N, Eugene, , MD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 10.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 17.33
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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 of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 4.62 Transaction ID : E8911127C5CD845D4B86 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Ostrov Category/Type <input type="text"/>	
Name of Federal Candidate: Ostrov, Shirlene, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: HI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 8.30 Transaction ID : E62F81BC202094B1EBF9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Carter Category/Type <input type="text"/>	
Name of Federal Candidate: Carter, Earl, Leroy, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 12.92
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount 12.92						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Robinson							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Robinson, Art, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 04 State: OR						
Calendar Year-To-Date Per Election for Office Sought 12.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount 16.54						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Arness							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Arness, Mark, Kenneth, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 05 State: MD						
Calendar Year-To-Date Per Election for Office Sought 16.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	29.46
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Cockfield, Wayne, , , **[Electronically Filed]** Date MM / DD / YYYY
12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : ECF31CA75E1E1440FB9C
Purpose of Expenditure IE-Printing-Faso Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Faso, John, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : ECE34DF79C663471DAE8
Purpose of Expenditure IE-Printing-Farenthold Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Farenthold, Randolph, Blake, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 27 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 15.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 28.94
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Noem
Name of Federal Candidate: Noem, Kristi, , Support
Office Sought: House District: 01 State: SD
Calendar Year-To-Date Per Election for Office Sought 51.02
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Hensarling
Name of Federal Candidate: Hensarling, Jeb, , Rep., Support
Office Sought: House District: 05 State: TX
Calendar Year-To-Date Per Election for Office Sought 8.88
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 59.90
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , [Electronically Filed] Date 12 / 16 / 2016
Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Kelly
Category/Type

Date of Public Distribution/Dissemination 10/26/2016
Amount 13.22
Transaction ID : ED232E23E40BE46D586C
Date of Disbursement or Obligation

Name of Federal Candidate: Kelly, John, Trent,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 13.22

Office Sought: House District: 01
President Senate State: MS
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Conaway
Category/Type

Date of Public Distribution/Dissemination 10/26/2016
Amount 16.53
Transaction ID : EBD1F36D747094DD6985
Date of Disbursement or Obligation

Name of Federal Candidate: Conaway, Mike, , Rep.,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 16.53

Office Sought: House District: 11
President Senate State: TX
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 29.75
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, ,

[Electronically Filed]

Date

12/16/2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E8982D8E17DE14E3FB97
Purpose of Expenditure IE-Printing-Tipton		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TIPTON, SCOTT, RANDALL, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E05306925FC114FF086B
Purpose of Expenditure IE-Printing-Russell		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Russell, Steven, Dane, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , [Electronically Filed] Date / /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E6AC54982087B4755A90
Purpose of Expenditure IE-Printing-Corey		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Corey, Matthew, M, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EA431C06EFE1248BA9B7
Purpose of Expenditure IE-Printing-Cavanagh		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Cavanagh, Daniel, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E75E417D8EF944B6FBC3
Purpose of Expenditure IE-Printing-Palazzo		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Palazzo, Steven, Mccarty, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E32079339F6444BE39CA
Purpose of Expenditure IE-Printing-Rice		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rice, Tom, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Walters
Name of Federal Candidate: Walters, Mimi, , ,
Calendar Year-To-Date Per Election for Office Sought 15.19
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Rutherford
Name of Federal Candidate: Rutherford, John, , ,
Calendar Year-To-Date Per Election for Office Sought 11.60
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 26.79
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EC498411FA0404066A57
Purpose of Expenditure IE-Printing-Carroll Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Carroll, John, Stanley, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: HI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EEAC88EB0B1E046718AE
Purpose of Expenditure IE-Printing-Williams Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Williams, Roger, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 25 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 26.40
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Petersen
Name of Federal Candidate: Petersen, Roger, , ,
Office Sought: House District: 11 State: CA
Amount 10.74
Transaction ID: E03E0481E4F1E45FAA7E
Date of Disbursement or Obligation

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Westerman
Name of Federal Candidate: Westerman, Bruce, , ,
Office Sought: House District: 04 State: AR
Amount 7.37
Transaction ID: E1CACC36810B14C6F8BC
Date of Disbursement or Obligation

(a) SUBTOTAL of Itemized Independent Expenditures 18.11
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report **▶** New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 929 West 16th Street			Amount <input type="text"/>		
City Indianapolis	State IN	Zip Code 46202-2214	37.66		
Purpose of Expenditure IE-Printing-Lewis		Category/ Type <input type="text"/>	Transaction ID : E54513D8128334A0DA53 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Lewis, Jason, Mark, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		37.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 929 West 16th Street			Amount <input type="text"/>		
City Indianapolis	State IN	Zip Code 46202-2214	9.39		
Purpose of Expenditure IE-Printing-Byrne		Category/ Type <input type="text"/>	Transaction ID : EA67C3C3FCC89402396F Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Byrne, Bradley, Roberts, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		9.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 47.05
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016			
Mailing Address 929 West 16th Street	Amount 31.97			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Indianapolis</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State IN</td> <td style="padding: 2px;">Zip Code 46202-2214</td> </tr> </table>		City Indianapolis	State IN	Zip Code 46202-2214
City Indianapolis		State IN	Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Roskam				
Name of Federal Candidate: Roskam, Peter, , Rep.,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: IL			
Calendar Year-To-Date Per Election for Office Sought	31.97 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016			
Mailing Address 929 West 16th Street	Amount 19.58			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Indianapolis</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State IN</td> <td style="padding: 2px;">Zip Code 46202-2214</td> </tr> </table>		City Indianapolis	State IN	Zip Code 46202-2214
City Indianapolis		State IN	Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Alliegro				
Name of Federal Candidate: Alliegro, Mark, C, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 09 State: MA			
Calendar Year-To-Date Per Election for Office Sought	19.58 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	51.55
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E9F3FB0E82514478DB2C
Purpose of Expenditure IE-Printing-Guthrie Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Guthrie, Steven, Brett, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: KY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 19.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E338792E0663A4A1FADD
Purpose of Expenditure IE-Printing-Burgess Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Burgess, Michael, C., Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 26 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 32.86
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 8.85 Transaction ID : E7231F5A2845D4CC486F Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Loudermilk Category/Type <input type="text"/>	
Name of Federal Candidate: Loudermilk, Barry, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 11 State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 60.33 Transaction ID : E96BF4CA7D5BC4354892 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Smith Category/Type <input type="text"/>	
Name of Federal Candidate: Smith, Adrian, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NE
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 60.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 69.18
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	<input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Amount <input type="text"/>
Purpose of Expenditure IE-Printing-McCarthy Category/Type <input type="text"/>	Transaction ID : EF853663981F14DF192D Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McCarthy, Kevin, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 32.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	<input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Amount <input type="text"/>
Purpose of Expenditure IE-Printing-Smucker Category/Type <input type="text"/>	Transaction ID : E117C3C0275D14B7EB7C Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Smucker, Lloyd, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 16 State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 27.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 43.92
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	23.65
Purpose of Expenditure IE-Printing-Massie		Category/ Type <input type="text"/>	Transaction ID : EA8AC663B0857474CB03 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Massie, Thomas, H, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	11.99
Purpose of Expenditure IE-Printing-Biggs		Category/ Type <input type="text"/>	Transaction ID : EA5540AE6CF374F3CAAC Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Biggs, Andy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report **▶** New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
Mailing Address 929 West 16th Street			Amount 4.13		
City Indianapolis	State IN	Zip Code 46202-2214			
Purpose of Expenditure IE-Printing-Spotorno		Category/Type 	Transaction ID : E8303DA70A0C043B29F7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Spotorno, Frank, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought		4.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
Mailing Address 929 West 16th Street			Amount 26.71		
City Indianapolis	State IN	Zip Code 46202-2214			
Purpose of Expenditure IE-Printing-Hultgren		Category/Type 	Transaction ID : EA25C34EF77FA4675A37 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Hultgren, Randy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought		26.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	30.84
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ECB7667299ABD4194A49
Purpose of Expenditure IE-Printing-Tenney		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Tenney, Claudia, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EB350518194E14CBA9FC
Purpose of Expenditure IE-Printing-Pearce		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Pearce, Steve, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 12.19 Transaction ID : EEAC6356E22E6481484A Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Flores Category/Type <input type="text"/>	
Name of Federal Candidate: Flores, Bill, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 17 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 29.58 Transaction ID : E1516263CEF634993BCD Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Blum Category/Type <input type="text"/>	
Name of Federal Candidate: Blum, Rodney, Leland, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 29.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 41.77
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

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Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 40.70 Transaction ID : E01925F094063461EA8F Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Bishop Category/Type <input type="text"/>	
Name of Federal Candidate: Bishop, Michael, D, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 40.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 8.37 Transaction ID : EFB7542D0598049358F1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Chaffetz Category/Type <input type="text"/>	
Name of Federal Candidate: Chaffetz, Jason, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: UT
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 49.07
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
 Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Tacherra
Name of Federal Candidate: Tacherra, Johnny, , Support
Office Sought: House District: 16 State: CA
Calendar Year-To-Date Per Election for Office Sought 6.61
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Allen
Name of Federal Candidate: Allen, Richard, W, , Support
Office Sought: House District: 12 State: GA
Calendar Year-To-Date Per Election for Office Sought 8.81
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 15.42
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 6.41 Transaction ID : E2A88B4718B0A4BF8B11 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Westley Category/Type <input type="text"/>	
Name of Federal Candidate: Westley, Timmy, Lee, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 15 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 10.67 Transaction ID : E7842AEBCDF464DB191C Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Palmer Category/Type <input type="text"/>	
Name of Federal Candidate: Palmer, Gary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: AL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 10.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 17.08
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E1B02ECB992AC4A07AEI Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-Gonzalez Category/Type 	Name of Federal Candidate: Gonzalez, Rey, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 34 State: TX
Calendar Year-To-Date Per Election for Office Sought 3.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E368D3A1F18AC4A12AFC Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Printing-LoBiondo Category/Type 	Name of Federal Candidate: LoBiondo, Frank, A., Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NJ
Calendar Year-To-Date Per Election for Office Sought 20.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>

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

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature 12 / 16 / 2016

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
---	---

Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount 7.49 Transaction ID : ED75FF460A20842D9BF9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Reed							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Reed, Mark, , SR	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 30 State: CA						
Calendar Year-To-Date Per Election for Office Sought 7.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount 48.56 Transaction ID : E9D6C25950DDC4021987 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Walberg							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Walberg, Tim, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MI						
Calendar Year-To-Date Per Election for Office Sought 48.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	56.05
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature 12 / 16 / 2016

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 17.56 Transaction ID : E6549630F11654D2A8B5 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Wade Category/Type <input type="text"/>	
Name of Federal Candidate: Wade, Michael, Leo, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: VA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 17.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 9.87 Transaction ID : ED890311A0B934825BFA Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Kustoff Category/Type <input type="text"/>	
Name of Federal Candidate: Kustoff, David, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: TN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 27.43
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E5A9ABC6C35084B6F904
Purpose of Expenditure IE-Printing-Sanford		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Sanford, Marshall, C, , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E536493873809451AB68
Purpose of Expenditure IE-Printing-Wilson		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Wilson, Joe, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E80B7CD33E19742EB889
Purpose of Expenditure IE-Printing-Marchant		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Marchant, Kenny, E., Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 24 State: TX	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EBCB77EF72E2E4EC9BA
Purpose of Expenditure IE-Printing-Callahan		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Callahan, Mark, Allen, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: OR	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Cockfield, Wayne, , , **[Electronically Filed]** Date / /
 Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>			
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 39.29 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Indianapolis</td> <td style="width:17%;">State IN</td> <td style="width:50%;">Zip Code 46202-2214</td> </tr> </table>		City Indianapolis	State IN	Zip Code 46202-2214
City Indianapolis		State IN	Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Crapo				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Crapo, Mike, , Sen.,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____ ID _____			
Calendar Year-To-Date Per Election for Office Sought 39.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>			
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 16.27 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Indianapolis</td> <td style="width:17%;">State IN</td> <td style="width:50%;">Zip Code 46202-2214</td> </tr> </table>		City Indianapolis	State IN	Zip Code 46202-2214
City Indianapolis		State IN	Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Hunter				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hunter, Duncan, D., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 52 State: CA			
Calendar Year-To-Date Per Election for Office Sought 30.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 55.56 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 16 / 2016
Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Carter
Name of Federal Candidate: Carter, John, R., Rep., Support
Office Sought: House District: 31 State: TX
Amount 12.86
Transaction ID: E05B9E4F05E5C44A684C
Date of Disbursement or Obligation

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Emmer
Name of Federal Candidate: Emmer, Thomas, Earl, , JR Support
Office Sought: House District: 06 State: MN
Amount 45.92
Transaction ID: EE57C9BD0546944979B5
Date of Disbursement or Obligation

(a) SUBTOTAL of Itemized Independent Expenditures 58.78
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 18.03 Transaction ID : EB33A48A8EB244337BDC Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Jenkins Category/Type <input type="text"/>	
Name of Federal Candidate: Jenkins, Evan, H, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: WV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 18.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 14.81 Transaction ID : E99F33D57132F49C8B25 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Assini Category/Type <input type="text"/>	
Name of Federal Candidate: Assini, Mark, W, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 25 State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 32.84
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
 Signature

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 of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Harper
Name of Federal Candidate: HARPER, GREGG, , Support
Office Sought: House, District: 03, State: MS
Amount: 15.13
Transaction ID: E0B582DAB3CF849DABF8
Date of Disbursement or Obligation: 10/26/2016

Full Name of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Collins
Name of Federal Candidate: Collins, Christopher, Carl, , Support
Office Sought: House, District: 27, State: NY
Amount: 17.79
Transaction ID: E5691E5A07A3E46FFA59
Date of Disbursement or Obligation: 10/26/2016

(a) SUBTOTAL of Itemized Independent Expenditures 32.92
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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: Cockfield, Wayne, , [Electronically Filed] Date: 12/16/2016

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E61F194B2A6414012B9D
Purpose of Expenditure IE-Printing-Bartley Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Bartley, Lori, Anita, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 18 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E35B2DB59639A4898B3B
Purpose of Expenditure IE-Printing-Burke Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Burke, William, F, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 17.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 20.30
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Woodall
Name of Federal Candidate: Woodall, Rob, Rep, , Support
Office Sought: House District: 07 State: GA
Amount 8.01
Transaction ID: EC0B29D9EC8CB4D53BA
Date of Disbursement or Obligation

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Mullin
Name of Federal Candidate: Mullin, Markwayne, , Support
Office Sought: House District: 02 State: OK
Amount 8.88
Transaction ID: EF60D5A152269409C8E0
Date of Disbursement or Obligation

(a) SUBTOTAL of Itemized Independent Expenditures 16.89
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 26 / 2016
Mailing Address 929 West 16th Street	Amount <input type="text"/> 12.50 Transaction ID : E20E3EBADECAE453E881 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-DeSantis Category/Type <input type="text"/>	
Name of Federal Candidate: Desantis, Ronald, D, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 26 / 2016
Mailing Address 929 West 16th Street	Amount <input type="text"/> 17.92 Transaction ID : E973165AC33DF48A6A98 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Romero Category/Type <input type="text"/>	
Name of Federal Candidate: Romero, Michael, H, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NM
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 17.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 30.42
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /
12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 31.46 Transaction ID : EF64CCD8E6D594175B4B Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Cheney Category/Type <input type="text"/>	
Name of Federal Candidate: Cheney, Elizabeth, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 31.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 54.75 Transaction ID : E0669B0FB6017409BA48 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Fortenberry Category/Type <input type="text"/>	
Name of Federal Candidate: Fortenberry, Jeff, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NE
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 54.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 86.21
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E27F6872E82A54505B3B
Purpose of Expenditure IE-Printing-Barr		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Barr, Garland, Andy, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E5079976C2D664849996
Purpose of Expenditure IE-Printing-Paulsen		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: PAULSEN, ERIK, P, REP.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-MacArthur Category/Type

Date of Public Distribution/Dissemination 10/26/2016
Amount 22.93
Transaction ID: E1AE420A65AE84C7CA5E
Date of Disbursement or Obligation

Name of Federal Candidate: Macarthur, Thomas, , ,
Support Oppose

Office Sought: House District: 03
President Senate State: NJ

Calendar Year-To-Date Per Election for Office Sought 22.93

Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Jenkins Category/Type

Date of Public Distribution/Dissemination 10/26/2016
Amount 23.78
Transaction ID: E5A7CDEFEA9254B9A90/
Date of Disbursement or Obligation

Name of Federal Candidate: Jenkins, Lynn, , ,
Support Oppose

Office Sought: House District: 02
President Senate State: KS

Calendar Year-To-Date Per Election for Office Sought 23.78

Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 46.71
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed]
Signature

Date 12/16/2016

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.50</div> Transaction ID : EF1513AEFC8644B36987 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Bacon							
Name of Federal Candidate: Bacon, Donald, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NE						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						
37.50							

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.97</div> Transaction ID : E73FA51B954BA4D13A56 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Smith							
Name of Federal Candidate: Smith, Christopher, H, Rep.,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: NJ						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						
20.97							

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">58.47</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E3AE35996CAB247DD9DF Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Martin Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 09 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E315E3CC8E90740E7B1A Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Mitchell Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 47.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 51.35
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Clinton
Category/Type:
Name of Federal Candidate: Clinton, Hillary, Rodham,
Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
District: 00, State:
Amount: 7804.77
Transaction ID: EFA25ADDC2F564B6884C
Date of Disbursement or Obligation:
Disbursement For: [] Primary, [x] General, [] Other (specify)

Full Name of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Davis
Category/Type:
Name of Federal Candidate: Davis, Rodney,
Support: [x], Oppose: []
Office Sought: [x] House, [] President, [] Senate
District: 13, State: IL
Amount: 33.83
Transaction ID: E7E65D94824B5404A99E
Date of Disbursement or Obligation:
Disbursement For: [] Primary, [x] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 7838.60
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E7AF5768A766C4272BC9
Purpose of Expenditure IE-Printing-Nunez		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Nunez, Evangeline, Martinez, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E2953DF7D8A014AEA841
Purpose of Expenditure IE-Printing-Nunes		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Nunes, Devin, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Smith
Name of Federal Candidate: Smith, Lamar, S., Rep., Support
Office Sought: House District: 21 State: TX
Calendar Year-To-Date Per Election for Office Sought 20.56
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Cadena
Name of Federal Candidate: Cadena, Angel, Luis, , JR Support
Office Sought: House District: 03 State: CT
Calendar Year-To-Date Per Election for Office Sought 14.77
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 35.33
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E5F85EF58DDE749E7B50
Purpose of Expenditure IE-Printing-Roe		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Roe, Phil, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E9751662547554760BED
Purpose of Expenditure IE-Printing-Zeldin		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: ZELDIN, LEE, M, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Thune
Name of Federal Candidate: Thune, John, , Sen., Support
Date of Public Distribution/Dissemination 10/26/2016
Amount 51.02
Transaction ID : E1CC7985BA90B4E5F8E4
Date of Disbursement or Obligation
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Brady
Name of Federal Candidate: Brady, Kevin, , Rep., Support
Date of Public Distribution/Dissemination 10/26/2016
Amount 14.41
Transaction ID : E082552B02DC8417ABAF
Date of Disbursement or Obligation
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 65.43
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12/16/2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E4CF1D4AFBB48449BB6E
Purpose of Expenditure IE-Printing-Bratcher Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Bratcher, Harold, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: KY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 20.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EA29FA3DAF615488BBF6
Purpose of Expenditure IE-Printing-Coffman Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Coffman, Michael, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 34.32
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E5565AA1B57E541C3BD9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Price Category/Type <input type="text"/>	Name of Federal Candidate: Price, Thomas, E., Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 11.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E9E87AFAB83BA4BB2B2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Gallagher Category/Type <input type="text"/>	Name of Federal Candidate: Gallagher, Michael, John, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 29.74	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 41.12
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EE9F7B7AA0F254929A85
Purpose of Expenditure IE-Printing-McCaul Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McCaul, Michael, T., Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E7F2F7DFEE0564295908
Purpose of Expenditure IE-Printing-Hardwick Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Hardwick, Allen, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 34.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 48.56
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Garrett
Name of Federal Candidate: Garrett, Thomas, Alexander, , JR
Office Sought: House District: 05 State: VA
Amount 23.50
Transaction ID : E70E271A1CAF24573963
Date of Disbursement or Obligation

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Mulvaney
Name of Federal Candidate: Mulvaney, John Michael, ,
Office Sought: House District: 05 State: SC
Amount 10.29
Transaction ID : EF59AA2CFCEC847ACBB
Date of Disbursement or Obligation

(a) SUBTOTAL of Itemized Independent Expenditures 33.79
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

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Date

12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E92F633D2981B47FAAD0
Purpose of Expenditure IE-Printing-Moolenaar Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Moolenaar, John, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 50.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E96EA2FAC469C4AECBE
Purpose of Expenditure IE-Printing-Graves Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Graves, John, Thomas, , JR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 14 State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 7.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 58.43
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-McSally
Name of Federal Candidate: Mcsally, Martha, E, , Support
Office Sought: House District: 02 State: AZ
Amount 12.95
Transaction ID : E66B74811998F46C18C8
Date of Disbursement or Obligation
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Stewart
Name of Federal Candidate: Stewart, Chris, , Support
Office Sought: House District: 02 State: UT
Amount 7.15
Transaction ID : E99EE436C0E7347D1AE6
Date of Disbursement or Obligation
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 20.10
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

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Date

12 / 16 / 2016

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Rogers
Name of Federal Candidate: Rogers, Mike, Dennis, Rep., Support
Office Sought: House District: 03 State: AL
Calendar Year-To-Date Per Election for Office Sought 5.58
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Deuser
Name of Federal Candidate: Deuser, August, Oneill, , Support
Office Sought: House District: 01 State: IL
Calendar Year-To-Date Per Election for Office Sought 13.17
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 18.75
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E1137402A9CA84CB393B
Purpose of Expenditure IE-Printing-Johnson		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Johnson, Sam, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E2B07492CD1A84CCEAC
Purpose of Expenditure IE-Printing-Aderholt		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Aderholt, Robert, B., Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,
Signature

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Date / /

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EF72A12FFAFBB4E7687D
Purpose of Expenditure IE-Printing-Garrett Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Garrett, Scott, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: NJ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 22.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EA79456D624314C82903
Purpose of Expenditure IE-Printing-Lee Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Lee, Mike, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: UT
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 27.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 49.92
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED0F6B66B99914D7C943
Purpose of Expenditure IE-Printing-Mast		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Mast, Brian, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E62FAADDD790840F5ABC
Purpose of Expenditure IE-Printing-Johnson		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Johnson, Ron, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

/ /

Signature

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 of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Morse
Category/Type:
Name of Federal Candidate: Morse, Nicholas, Grant,
Support: [X] Oppose: []
Office Sought: House [X] Senate []
District: 02 State: CO
Amount: 17.18
Transaction ID: EC205C68646894EA0AE5
Date of Disbursement or Obligation:
Disbursement For: General [X] Primary [] Other []

Full Name of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Cox
Category/Type:
Name of Federal Candidate: Cox, Dan,
Support: [X] Oppose: []
Office Sought: House [X] Senate []
District: 08 State: MD
Amount: 19.97
Transaction ID: E6F9BAD0702F043608C0
Date of Disbursement or Obligation:
Disbursement For: General [X] Primary [] Other []

(a) SUBTOTAL of Itemized Independent Expenditures: 37.15
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.48</div> Transaction ID : EAE8EF0F9D88446DC80A Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Newhouse							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Newhouse, Dan, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: WA						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">30.48</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.57</div> Transaction ID : E3218AA8670A94FDC99C Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Schweikert							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SCHWEIKERT, DAVID, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: AZ						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11.57</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">42.05</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Cockfield, Wayne, , ,
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Young
Name of Federal Candidate: Young, Don, E., Rep., Support
Office Sought: House District: 01 State: AK
Calendar Year-To-Date Per Election for Office Sought 13.07
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Lamborn
Name of Federal Candidate: Lamborn, Doug, , Rep., Support
Office Sought: House District: 05 State: CO
Calendar Year-To-Date Per Election for Office Sought 21.22
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 34.29
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Stone
Name of Federal Candidate: Stone, Jeffrey, E, , Support
Office Sought: House District: 36 State: CA
Calendar Year-To-Date Per Election for Office Sought 10.74
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Lance
Name of Federal Candidate: Lance, Leonard, , , Support
Office Sought: House District: 07 State: NJ
Calendar Year-To-Date Per Election for Office Sought 24.23
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 34.97
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EE90CADF195B04DC68F9
Purpose of Expenditure IE-Printing-Pompeo Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Pompeo, Michael, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 24.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EA234C6CB30CF4DCEA4
Purpose of Expenditure IE-Printing-Duncan Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Duncan, John, J., Rep., Jr. <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: TN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 10.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 34.60
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount 5.06 Transaction ID : E939BC572ECD84883810 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Narvaiz							
Name of Federal Candidate: Narvaiz, Susan, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 35 State: TX						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount 17.15 Transaction ID : EB AE2B5BA8A564CD9BF Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Taylor							
Name of Federal Candidate: Taylor, Scott, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: VA						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	22.21
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E087F90F329E64F41893
Purpose of Expenditure IE-Printing-Cole		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Cole, Tom, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>04</u> State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED7B580AB7753433DAEA
Purpose of Expenditure IE-Printing-Black		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Black, Diane, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>06</u> State: <u>TN</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12.14 </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Weber							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Weber, Randy, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 14 State: TX						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12.14 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 55.01 </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Bergman							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bergman, John, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: MI						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 55.01 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 67.15 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 00.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 67.15 </div>

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

Signature Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 12 / 16 / 2016

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 of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Franks
Name of Federal Candidate: Franks, Trent, Rep.
Office Sought: House, District: 08, State: AZ
Amount: 13.17
Transaction ID: E4DBFF301F37A4F069AB

Full Name of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Rohrabacher
Name of Federal Candidate: Rohrabacher, Dana, Rep.
Office Sought: House, District: 48, State: CA
Amount: 12.76
Transaction ID: EAFAAC15F0292491D9F4

(a) SUBTOTAL of Itemized Independent Expenditures: 25.93
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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 of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E7055292F22FF406C9BE
Purpose of Expenditure IE-Printing-Paul Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Paul, Rand, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: KY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 97.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EC1292B32E6E942AF84C
Purpose of Expenditure IE-Printing-Khouri Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Khouri, Tonia, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 State: IL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 16.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 114.27
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Long
Name of Federal Candidate: Long, Wendy, , ,
Calendar Year-To-Date Per Election for Office Sought 317.34
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Kinzinger
Name of Federal Candidate: Kinzinger, Adam, , ,
Calendar Year-To-Date Per Election for Office Sought 35.80
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 353.14
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E6941D4C574BB468C857
Purpose of Expenditure IE-Printing-Scott		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Scott, Timothy, E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E739F69ED10014888936
Purpose of Expenditure IE-Printing-Wittman		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Wittman, Robert, J., Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Lankford
Category/Type

Date of Public Distribution/Dissemination 10/26/2016
Amount 59.10
Transaction ID: ED9C5A4D206274184876
Date of Disbursement or Obligation

Name of Federal Candidate: Lankford, James, Paul,
Support Oppose
Office Sought: House Senate State: OK

Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Culberson
Category/Type

Date of Public Distribution/Dissemination 10/26/2016
Amount 10.64
Transaction ID: E2C1CF68692144C37BA9
Date of Disbursement or Obligation

Name of Federal Candidate: Culberson, John, Abney, Rep.,
Support Oppose
Office Sought: House Senate State: TX

Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 69.74
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12/16/2016
Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 16.74 </div>		
City Indianapolis	State IN	Zip Code 46202-2214			
Purpose of Expenditure IE-Printing-Rosa		Category/Type 	Transaction ID : E22E7FD1869094D19B32 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Rosa, David, A, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 16.74 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 91.42 </div>		
City Indianapolis	State IN	Zip Code 46202-2214			
Purpose of Expenditure IE-Printing-McCain		Category/Type 	Transaction ID : E915B0AA51C7D467EAD Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: MCCAIN, JOHN, S, Sen.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 91.42 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 108.16 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> _____ </div>

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

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature 12 / 16 / 2016

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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 14.77 Transaction ID : E35696B5A922340B69A0 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Gohmert Category/Type <input type="text"/>	
Name of Federal Candidate: Gohmert, Louie, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 31.15 Transaction ID : EB2C8A0FFCF504CA790E Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Jones Category/Type <input type="text"/>	
Name of Federal Candidate: Jones, Jeff, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 12 State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 31.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 45.92
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E46378F101841445FAD7
Purpose of Expenditure IE-Printing-Gitsham Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Gitsham, Denise, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 52 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 30.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EFCBA4346A55F4572B30
Purpose of Expenditure IE-Printing-Fitzpatrick Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Fitzpatrick, Brian, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 18.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 32.89
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 13.84
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Taub	Transaction ID : E53588189D2804423B89
Name of Federal Candidate: Taub, H, Russell, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: RI	Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13.84
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 22.05
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Yoder	Transaction ID : EFA27A708CC5645B1B8E
Name of Federal Candidate: Yoder, Kevin, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: KS	Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 22.05
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 35.89
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , [Electronically Filed] Date / /

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C0011278 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 26 / 2016 </div>			
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px;"> M M M M 100.48 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Indianapolis</td> <td style="width:17%; padding: 2px;">State IN</td> <td style="width:50%; padding: 2px;">Zip Code 46202-2214</td> </tr> </table>		City Indianapolis	State IN	Zip Code 46202-2214
City Indianapolis		State IN	Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Moran				
Name of Federal Candidate: Moran, Jerry, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>KS</u>				
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;"> M M M M 100.48 </div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M M 10.74 </div>			
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px;"> M M M M 10.74 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Indianapolis</td> <td style="width:17%; padding: 2px;">State IN</td> <td style="width:50%; padding: 2px;">Zip Code 46202-2214</td> </tr> </table>		City Indianapolis	State IN	Zip Code 46202-2214
City Indianapolis		State IN	Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Vaughn				
Name of Federal Candidate: Vaughn, Corrogan, R, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> State: <u>MD</u>				
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;"> M M M M 10.74 </div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M 111.22 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M </div>

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

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature 12 / 16 / 2016

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 9.87 Transaction ID : E394A1774D47F45C6AFA Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Amador Category/Type <input type="text"/>	
Name of Federal Candidate: Amador, Antonio, C, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 09 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 6.56 Transaction ID : EB946180DF9504CB3BDF Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Snyder Category/Type <input type="text"/>	
Name of Federal Candidate: Snyder, Stacy, Ries, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: TN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 16.43
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
Mailing Address 929 West 16th Street			Amount 9.55		
City Indianapolis	State IN	Zip Code 46202-2214			
Purpose of Expenditure IE-Printing-Walden		Category/Type 	Transaction ID : E7D4794A45B054F208DC Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Walden, Greg, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought		9.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
Mailing Address 929 West 16th Street			Amount 33.06		
City Indianapolis	State IN	Zip Code 46202-2214			
Purpose of Expenditure IE-Printing-Bost		Category/Type 	Transaction ID : EF33B9CD8466B4300B1D Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Bost, Michael, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought		33.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	42.61
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ECE6852A9EFBE4E92BC4
Purpose of Expenditure IE-Printing-Mica		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Mica, John, L., Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E06B3BD3B79374E04A6C
Purpose of Expenditure IE-Printing-Griffith		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Griffith, Morgan, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report **▶** New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E973DDF64B8294631989
Purpose of Expenditure IE-Printing-Roby Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Roby, Martha, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: AL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E4F1E0AC23B0F4187B8E
Purpose of Expenditure IE-Printing-Royce Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Royce, Ed, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 39 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 20.96
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.45</div> Transaction ID : EA1AC098760F441B4BA1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Simpson							
Name of Federal Candidate: Simpson, Mike, K., Rep.,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: ID						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">53.05</div> Transaction ID : EB45384F02A1E466D97D Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Hagedorn							
Name of Federal Candidate: Hagedorn, James, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: MN						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">67.50</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

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Date

M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Cook
Name of Federal Candidate: Cook, Paul, , Support
Office Sought: House District: 08 State: CA
Calendar Year-To-Date Per Election for Office Sought 11.42
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Issa
Name of Federal Candidate: Issa, Darrell, , Rep., Support
Office Sought: House District: 49 State: CA
Calendar Year-To-Date Per Election for Office Sought 14.52
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 25.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

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Date 12 / 16 / 2016

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 of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Chabot
Name of Federal Candidate: Chabot, Paul, , , Support
Office Sought: House, District: 31, State: CA
Amount: 8.21
Transaction ID: EFAD417BDF36045C98AE
Date of Disbursement or Obligation: 10/26/2016
Disbursement For: General 2016

Full Name of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Marshall
Name of Federal Candidate: Marshall, Roger, W, , Support
Office Sought: House, District: 01, State: KS
Amount: 30.22
Transaction ID: E4FB381926C1C4BABAE
Date of Disbursement or Obligation: 10/26/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 38.43
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

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Date

12 / 16 / 2016

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**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EBB816F5F2C614DB68C7
Purpose of Expenditure IE-Printing-Duke Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Duke, Gregory, Paul, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E61D180DB49434C7A8DB
Purpose of Expenditure IE-Printing-Calvert Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Calvert, Ken, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 42 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 14.56
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

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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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Lucas
Name of Federal Candidate: Lucas, Frank, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 12.98
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Lingerfelt
Name of Federal Candidate: Lingerfelt, Charles, ,
Calendar Year-To-Date Per Election for Office Sought 4.49
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 17.47
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

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**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 19.06 Transaction ID : E6978D805542348ADB69 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Thornberry Category/Type <input type="text"/>	
Name of Federal Candidate: Thornberry, Mac, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 19.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 34.55 Transaction ID : EB31A9A6CA11F4FAA931 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Boozman Category/Type <input type="text"/>	
Name of Federal Candidate: Boozman, John, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: AR
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 34.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 53.61
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

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Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Upton
Name of Federal Candidate: Upton, Fred, , Rep., Support
Office Sought: House District: 06 State: MI
Calendar Year-To-Date Per Election for Office Sought 54.03
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Trott
Name of Federal Candidate: Trott, David, A, , Support
Office Sought: House District: 11 State: MI
Calendar Year-To-Date Per Election for Office Sought 46.08
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 100.11
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

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**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E084E8D844EC7412D8BC
Purpose of Expenditure IE-Printing-Zinke Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Zinke, Ryan, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MT
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 63.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EF2F184B900FE4D4BA2D
Purpose of Expenditure IE-Printing-Bridenstine Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Bridenstine, James, Frederick, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: OK
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 14.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 78.56
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

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**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E7D6BC49138F54B5DB5C
Purpose of Expenditure IE-Printing-Dunn Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Dunn, Neal, Patrick, , MD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EA8392B70155E49F397D
Purpose of Expenditure IE-Printing-Mitchell Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Mitchell, Monte, Mark, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 33 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 11.48
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E AFC86E70336A4376BB1
Purpose of Expenditure IE-Printing-Ferguson		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Ferguson, Anderson, Drew, , IV		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E9127C2236E074164BFF
Purpose of Expenditure IE-Printing-Uccio		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Uccio, Steven, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

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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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Brooks
Name of Federal Candidate: Brooks, Mo, , , Support
Office Sought: House District: 05 State: AL
Calendar Year-To-Date Per Election for Office Sought 11.41
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Rodgers
Name of Federal Candidate: Rodgers, Cathy, McMorris, , Support
Office Sought: House District: 05 State: WA
Calendar Year-To-Date Per Election for Office Sought 30.79
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 42.20
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 16 / 2016
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**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E3AD31FC80C544B03A82
Purpose of Expenditure IE-Printing-Glenn Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Glenn, Darryl, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 121.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E1A5CDB39091B445DA62
Purpose of Expenditure IE-Printing-Fischella Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Fischella, Tyler, R, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 35 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 126.58
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E2A880AF9B0764C3A9CB
Purpose of Expenditure IE-Printing-Beutler		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Herrera, Jamie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EB2029A87172F48A0832
Purpose of Expenditure IE-Printing-Drake		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Drake, Frank, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E647B523CD3F145D0A1E
Purpose of Expenditure IE-Printing-Hurd		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Hurd, William, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E32D1CBBAB073495A889
Purpose of Expenditure IE-Printing-Denham		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Denham, Jeff, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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Date

/ /

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**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EF6C9E9360DF7476DAAA
Purpose of Expenditure IE-Printing-Donovan		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Donovan, Dan, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EFDD8CA6577C743C0A29
Purpose of Expenditure IE-Printing-Gaetz		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Gaetz, Matt, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , [Electronically Filed] Date / /

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**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : EDEEB83B8F1DC4CC8A8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Young Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Young, David, , , Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 22.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E898A6D4F72204226AD8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Printing-Amash Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Amash, Justin, , , Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 66.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 88.86
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

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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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Mills Category/Type

Date of Public Distribution/Dissemination 10/26/2016
Amount 46.59
Transaction ID : E7B172A6A334A43E68AA
Date of Disbursement or Obligation

Name of Federal Candidate: Mills, Stewart, , ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 46.59

Office Sought: House District: 08 State: MN
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Cramer Category/Type

Date of Public Distribution/Dissemination 10/26/2016
Amount 37.02
Transaction ID : E9EDFA6E149F94242843
Date of Disbursement or Obligation

Name of Federal Candidate: Cramer, Kevin, , ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 37.02

Office Sought: House District: 01 State: ND
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 83.61
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed]
Signature

Date 12/16/2016

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-McClintock
Name of Federal Candidate: MCCLINTOCK, THOMAS, , , Support
Office Sought: House District: 04 State: CA
Calendar Year-To-Date Per Election for Office Sought 19.37
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Fleischmann
Name of Federal Candidate: Fleischmann, Charles, J, , Support
Office Sought: House District: 03 State: TN
Calendar Year-To-Date Per Election for Office Sought 9.19
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 28.56
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Buck
Name of Federal Candidate: Buck, Kenneth, R,
Calendar Year-To-Date Per Election for Office Sought 19.58
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Hardin
Name of Federal Candidate: Hardin, Zeffen, ,
Calendar Year-To-Date Per Election for Office Sought 5.53
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 25.11
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report **▶** New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	8.46
Purpose of Expenditure IE-Printing-Womack Category/Type <input type="text"/>	Transaction ID : E343F65BCF8D646FC8B2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Womack, Steve, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: AR
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ <input type="text"/>
8.46	<input type="text"/>

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	56.49
Purpose of Expenditure IE-Printing-Shelby Category/Type <input type="text"/>	Transaction ID : E4D5D273730154882B02 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Shelby, Richard, C., Sen., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: AL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ <input type="text"/>
56.49	<input type="text"/>

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>
64.95	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E1B2442600BF942FCBEE
Purpose of Expenditure IE-Printing-Reichert		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Reichert, Dave, G., Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EE964BD88CD3148ED867
Purpose of Expenditure IE-Printing-Reis		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Reis, Rhue, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 29.49 Transaction ID : E04A17B27A09042A5AFB Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Goodlatte Category/Type <input type="text"/>	
Name of Federal Candidate: Goodlatte, Bob, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: VA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 29.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 5.68 Transaction ID : EE7E3321C1EAC45C3B51 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Valadao Category/Type <input type="text"/>	
Name of Federal Candidate: Valadao, David, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 21 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5.68	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 35.17
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : ECE4D05B2994C4659B45
Purpose of Expenditure IE-Printing-Collins Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Collins, Douglas, Allen, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 09 State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 10.45	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E1E758DE03E724A1FAA6
Purpose of Expenditure IE-Printing-Martins Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Martins, Jack, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 10.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 21.44
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
 Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Frelinghuysen
Name of Federal Candidate: Frelinghuysen, Rodney, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 24.17
Date of Public Distribution/Dissemination 10/26/2016
Amount 24.17
Transaction ID : EDA13628CFB0949C7ABC
Date of Disbursement or Obligation
Office Sought: House District: 11 State: NJ
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Harris
Name of Federal Candidate: HARRIS, ANDREW, P, ,
Calendar Year-To-Date Per Election for Office Sought 17.53
Date of Public Distribution/Dissemination 10/26/2016
Amount 17.53
Transaction ID : EBDE401A0B2554F82A29
Date of Disbursement or Obligation
Office Sought: House District: 01 State: MD
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 41.70
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12/16/2016

Signature

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 of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-King
Category/Type:
Name of Federal Candidate: King, Peter, T., Rep., Support
Office Sought: House, District: 02, State: NY
Amount: 9.78
Transaction ID: E26523216CD64418F998
Date of Disbursement or Obligation:
Disbursement For: General 2016

Full Name of Payee: Printing Partners
Mailing Address: 929 West 16th Street
City: Indianapolis, State: IN, Zip Code: 46202-2214
Purpose of Expenditure: IE-Printing-Harlan
Category/Type:
Name of Federal Candidate: Harlan, Patrick, , Support
Office Sought: House, District: 17, State: IL
Amount: 34.56
Transaction ID: E9927D6C19650443B917
Date of Disbursement or Obligation:
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 44.34
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed]
Signature Date 12 / 16 / 2016

**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
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Check if 24-hour report 48-hour report **▶** New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E1FEB3BACC19F457F921
Purpose of Expenditure IE-Printing-Hill		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Hill, James, French, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EA460F36E90E14BFC91B
Purpose of Expenditure IE-Printing-McKinley		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McKinley, David, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 7.90 Transaction ID : E0ED404FB216B4341A87 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Williams Category/Type <input type="text"/>	
Name of Federal Candidate: Williams, Martin, L, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: VA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 7.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 21.54 Transaction ID : EA8435B5203BB467095E Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Priem Category/Type <input type="text"/>	
Name of Federal Candidate: Priem, Richard, G, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NM
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 21.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 29.44
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 26 / 2016
Mailing Address 929 West 16th Street	Amount <input type="text"/> 13.27 Transaction ID : E559FC94F97EE43EA9B7 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Duncan Category/Type <input type="text"/>	
Name of Federal Candidate: Duncan, Jeffrey, D, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: SC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 26 / 2016
Mailing Address 929 West 16th Street	Amount <input type="text"/> 1.15 Transaction ID : EB6A9FD54D5CF4103AB4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Romaguera Category/Type <input type="text"/>	
Name of Federal Candidate: Romaguera, Allan, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 14.42
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /
12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E874DC4A50A5C4A99BFE
Purpose of Expenditure IE-Printing-King		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: King, Steve, A., Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E1DAA1DC847034875B51
Purpose of Expenditure IE-Printing-LaHood		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: LaHood, Ray, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-McDonough
Name of Federal Candidate: Mcdonough, Patrick, Leonard, , Support
Office Sought: House District: 02 State: MD
Calendar Year-To-Date Per Election for Office Sought 10.38
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Shimkus
Name of Federal Candidate: Shimkus, John, , Rep., Support
Office Sought: House District: 15 State: IL
Calendar Year-To-Date Per Election for Office Sought 46.49
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 56.87
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , [Electronically Filed] Date 12 / 16 / 2016
Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount M M M M / D D D D / Y Y Y Y Y Y 11.12 Transaction ID : E8A8ACBD958A040FFB2A Date of Disbursement or Obligation M M M M / D D D D / Y Y Y Y Y Y						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Giles							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Giles, David, Victor, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 09 State: AZ						
Calendar Year-To-Date Per Election for Office Sought 11.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination M M M M / D D D D / Y Y Y Y Y Y 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount M M M M / D D D D / Y Y Y Y Y Y 12.02 Transaction ID : E8CD990F5A1384FCCA49 Date of Disbursement or Obligation M M M M / D D D D / Y Y Y Y Y Y						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Rooney							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Rooney, Francis, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 19 State: FL						
Calendar Year-To-Date Per Election for Office Sought 12.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M M M / D D D D / Y Y Y Y Y Y 23.14
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M / D D D D / Y Y Y Y Y Y
(a) TOTAL Independent Expenditures ▶	M M M M / D D D D / Y Y Y Y Y Y

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : E9ED0A487F51A4E99BBB
Purpose of Expenditure IE-Printing-Babeu Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Babeu, Paul, Raymond, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: AZ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	Transaction ID : ECF6F540F888F48B89BA
Purpose of Expenditure IE-Printing-Grassley Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Grassley, Chuck, E., Sen., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 141.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 150.11
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Reed
Name of Federal Candidate: Reed, Tom, , Support
Office Sought: House District: 23 State: NY
Calendar Year-To-Date Per Election for Office Sought 16.73
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Isakson
Name of Federal Candidate: Isakson, Johnny, , Sen., Support
Office Sought: Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 116.98
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 133.71
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 16 / 2016
Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 12.04 Transaction ID : ED7E973B87EDA48E08CE Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Babin Category/Type <input type="text"/>	
Name of Federal Candidate: Babin, Brian, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 36 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 12.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 929 West 16th Street	Amount <input type="text"/> 72.85 Transaction ID : E2F4F8E8CB45D4C8FB7L Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Indianapolis State IN Zip Code 46202-2214	
Purpose of Expenditure IE-Printing-Rubio Category/Type <input type="text"/>	
Name of Federal Candidate: Rubio, Marco, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 50072.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 84.89
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED7E24FA71D44458A881
Purpose of Expenditure IE-Printing-Crawford		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Crawford, Eric, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E3F9DEA413BE440C99A0
Purpose of Expenditure IE-Printing-Gosar		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Gosar, Paul, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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 of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EBF2AF9AEDB3240C99A/
Purpose of Expenditure IE-Printing-Hice		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Hice, Jody, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E4EC4F696A38E43BFB83
Purpose of Expenditure IE-Printing-Willis		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Olson
Name of Federal Candidate: OLSON, PETER, G, , Support
Office Sought: House District: 22 State: TX
Calendar Year-To-Date Per Election for Office Sought 11.42
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Bishop
Name of Federal Candidate: Bishop, Rob, , Rep., Support
Office Sought: House District: 01 State: UT
Calendar Year-To-Date Per Election for Office Sought 7.05
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 18.47
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 21.28 Transaction ID : EC08597A5E9FD441D818 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Novak							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Novak, Daria, Irene, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: CT						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 21.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 26 / 2016						
Mailing Address 929 West 16th Street	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 24.84 Transaction ID : E7E9E7A88CBA84273BE2 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46202-2214</td> </tr> </table>		City	State	Zip Code	Indianapolis	IN	46202-2214
City		State	Zip Code				
Indianapolis	IN	46202-2214					
Purpose of Expenditure IE-Printing-Labrador							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Labrador, Raul, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: ID						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 24.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 46.12
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>

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

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature 12 / 16 / 2016

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : EBD15891E634A4480B40
Purpose of Expenditure IE-Printing-Arrington		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Arrington, Jodey, Cook, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Printing Partners <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 929 West 16th Street		Amount <input type="text"/>	
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E2405E5517F4C4876BD0
Purpose of Expenditure IE-Printing-Scott		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Scott, James Austin, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

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 of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Toomey
Name of Federal Candidate: Toomey, Pat, , , Support
Date of Public Distribution/Dissemination 10/28/2016
Amount 15000.00
Transaction ID : E5DCE10D10D67499E837
Date of Disbursement or Obligation
Disbursement For: General 2016

Full Name of Payee Printing Partners
Mailing Address 929 West 16th Street
City Indianapolis State IN Zip Code 46202-2214
Purpose of Expenditure IE-Printing-Toomey
Name of Federal Candidate: Toomey, Pat, , , Support
Date of Public Distribution/Dissemination 10/28/2016
Amount 2510.39
Transaction ID : E856B90584A384BA3A4E
Date of Disbursement or Obligation
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 17510.39
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12/16/2016

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
---	--

Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3945.32</div>		
City Indianapolis	State IN	Zip Code 46202-2214			
Purpose of Expenditure IE-Printing-Clinton		Category/Type 	Transaction ID : EA12B2E2529FF4D898FB Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Clinton, Hillary, Rodham, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought 179157.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item Printing Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address 929 West 16th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>		
City Indianapolis	State IN	Zip Code 46202-2214			
Purpose of Expenditure IE-Printing-Trump		Category/Type 	Transaction ID : E0190998B61F346338B2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate: Trump, Donald, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought 179157.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;">18945.32</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 11 / 01 / 2016			
Mailing Address PO Box 92521	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">193.74</div> Transaction ID : ED53D06DB681B43578C9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20090-2521</td> </tr> </table>		City Washington	State DC	Zip Code 20090-2521
City Washington		State DC	Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Hollingsworth				
Name of Federal Candidate: Hollingsworth, Trey, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">939.79</div>			

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 11 / 01 / 2016			
Mailing Address PO Box 92521	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">484.35</div> Transaction ID : ECF176DBB0F6E4400902 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20090-2521</td> </tr> </table>		City Washington	State DC	Zip Code 20090-2521
City Washington		State DC	Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-McCain				
Name of Federal Candidate: MCCAIN, JOHN, S, Sen.,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">575.77</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">678.09</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Cockfield, Wayne, , ,

[Electronically Filed]

Date

 / /
12 / 16 / 2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Interactive Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/> 129.16 Transaction ID : EAE90A249068247C7A53 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Rutherford Category/Type <input type="text"/>	
Name of Federal Candidate: Rutherford, John, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 140.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Interactive Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/> 968.70 Transaction ID : EBAC67377C65246358DF Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Zinke Category/Type <input type="text"/>	
Name of Federal Candidate: Zinke, Ryan, K, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MT
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1032.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 1097.86
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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 of Payee <input type="checkbox"/> Memo Item Interactive Media		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 92521		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20090-2521	774.96
Purpose of Expenditure IE-Radio-Valadao		Category/Type <input type="text"/>	
Name of Federal Candidate: Valadao, David, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
780.64		2016	

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 92521		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20090-2521	2357.17
Purpose of Expenditure IE-Radio-Rubio		Category/Type <input type="text"/>	
Name of Federal Candidate: Rubio, Marco, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
52430.02		2016	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>
3132.13	0.00

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.

Cockfield, Wayne, , , [Electronically Filed] Date / /

Signature **12** / **16** / **2016**

**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 of Payee Interactive Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/> 1646.79 Transaction ID : EB9CC8784B3434F1DA97 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Blunt Category/Type <input type="text"/>	
Name of Federal Candidate: Blunt, Roy, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MO <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 15941.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Interactive Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/> 193.74 Transaction ID : E167EC03606A6422797A Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Mast Category/Type <input type="text"/>	
Name of Federal Candidate: Mast, Brian, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 State: FL <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 202.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 1840.53
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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 of Payee Interactive Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/> 64.58 Transaction ID : E031BC18C869D424EB7A Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Rooney Category/Type <input type="text"/>	
Name of Federal Candidate: Rooney, Francis, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 76.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Interactive Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/> 193.74 Transaction ID : E47AE3DAC702243B4AD Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Issa Category/Type <input type="text"/>	
Name of Federal Candidate: Issa, Darrell, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 49 State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 208.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 258.32
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /
12 / 16 / 2016

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2016 </div>
Mailing Address PO Box 92521	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 64.58 </div>
City Washington State DC Zip Code 20090-2521	Transaction ID : E5BD0E54D6BED4247A13 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Radio-Mica Category/Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Mica, John, L., Rep.,
Calendar Year-To-Date Per Election for Office Sought 72.37	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>07</u> State: <u>FL</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2016 </div>
Mailing Address PO Box 92521	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 193.74 </div>
City Washington State DC Zip Code 20090-2521	Transaction ID : E13FA24DFD31F43D3994 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure IE-Radio-Lewis Category/Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Lewis, Jason, Mark, ,
Calendar Year-To-Date Per Election for Office Sought 231.40	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>02</u> State: <u>MN</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 258.32 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature 12 / 16 / 2016

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00111278 </div>
---	---

Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016			
Mailing Address PO Box 92521	Amount 193.74 Transaction ID : E2731E95BCC424ED2BB6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20090-2521</td> </tr> </table>		City Washington	State DC	Zip Code 20090-2521
City Washington		State DC	Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Blum				
Name of Federal Candidate: Blum, Rodney, Leland, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: IA			
Calendar Year-To-Date Per Election for Office Sought	223.32 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016			
Mailing Address PO Box 92521	Amount 7685.02 Transaction ID : E4B7B919C21B44366A53 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20090-2521</td> </tr> </table>		City Washington	State DC	Zip Code 20090-2521
City Washington		State DC	Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Trump				
Name of Federal Candidate: Trump, Donald, J, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:			
Calendar Year-To-Date Per Election for Office Sought	186842.79 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	7878.76
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

Signature

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 of Payee: Interactive Media
Mailing Address: PO Box 92521
City: Washington, State: DC, Zip Code: 20090-2521
Purpose of Expenditure: IE-Radio-Young
Name of Federal Candidate: Young, David, Support
Office Sought: House, District: 03, State: IA
Amount: 96.87
Transaction ID: E32204157DA7E4A9FB75
Date of Disbursement or Obligation: 11/01/2016
Disbursement For: General 2016

Full Name of Payee: Interactive Media
Mailing Address: PO Box 92521
City: Washington, State: DC, Zip Code: 20090-2521
Purpose of Expenditure: IE-Radio-Gaetz
Name of Federal Candidate: Gaetz, Matt, Support
Office Sought: House, District: 01, State: FL
Amount: 129.16
Transaction ID: E47CFED72673C441AB6C
Date of Disbursement or Obligation: 11/01/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 226.03
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 16 / 2016

Signature

**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 of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/>
City Washington State DC Zip Code 20090-2521	Transaction ID : E839DE8BEE1DB46A79FA
Purpose of Expenditure IE-Radio-Mills Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Mills, Stewart, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 434.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/>
City Washington State DC Zip Code 20090-2521	Transaction ID : E6DEEC2B07D7D4E879C
Purpose of Expenditure IE-Radio-Poliquin Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Poliquin, Bruce, L, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: ME
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 193.74	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 581.22
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

**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 of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/>
City Washington State DC Zip Code 20090-2521	193.74
Purpose of Expenditure IE-Radio-Dunn Category/Type <input type="text"/>	Transaction ID : E266C99785A3244F6868 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Dunn, Neal, Patrick, , MD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 202.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/>
City Washington State DC Zip Code 20090-2521	96.87
Purpose of Expenditure IE-Radio-Walberg Category/Type <input type="text"/>	Transaction ID : E78EBA2DBECF8423B9FI Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Walberg, Tim, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 145.43	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 290.61
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00111278 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016			
Mailing Address PO Box 92521	Amount 129.16 Transaction ID : EE31DA0310E7B455C815 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20090-2521</td> </tr> </table>		City Washington	State DC	Zip Code 20090-2521
City Washington		State DC	Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-DeSantis				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Desantis, Ronald, D, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: FL			
Calendar Year-To-Date Per Election for Office Sought 141.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016			
Mailing Address PO Box 92521	Amount 387.48 Transaction ID : EE0743744273A4632838 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20090-2521</td> </tr> </table>		City Washington	State DC	Zip Code 20090-2521
City Washington		State DC	Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Knight				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Knight, Steve, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 25 State: CA			
Calendar Year-To-Date Per Election for Office Sought 398.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	516.64
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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 Cockfield, Wayne, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 16 / 2016

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 of Payee Interactive Media
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090-2521
Purpose of Expenditure IE-Radio-Bergman
Name of Federal Candidate: Bergman, John, ,
Calendar Year-To-Date Per Election for Office Sought 636.23
Date of Public Distribution/Dissemination 11/01/2016
Amount 581.22
Transaction ID : E4C3B234465954168B7B
Date of Disbursement or Obligation
Office Sought: House District: 01 State: MI
Disbursement For: General 2016

Full Name of Payee Interactive Media
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090-2521
Purpose of Expenditure IE-Radio-Denham
Name of Federal Candidate: Denham, Jeff, ,
Calendar Year-To-Date Per Election for Office Sought 399.52
Date of Public Distribution/Dissemination 11/01/2016
Amount 387.48
Transaction ID : E5F9E1F763C6749A1BE9
Date of Disbursement or Obligation
Office Sought: House District: 10 State: CA
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 968.70
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12/16/2016

Signature

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 92521		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20090-2521	Transaction ID : E746C1B94EFC64630802
Purpose of Expenditure IE-Radio-Bost		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Bost, Michael, J, ,		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		420.54	

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 92521		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20090-2521	Transaction ID : E6CECEB1D598D48D3A6!
Purpose of Expenditure IE-Radio-Grassley		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Grassley, Chuck, E., Sen.,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		916.42	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
Signature

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ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 92521		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20090-2521	968.70
Purpose of Expenditure IE-Radio-Young		Transaction ID : E365CCA5E81B84FF7BFC	
Name of Federal Candidate: Young, Todd, Christopher, ,		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
10847.84		2016	

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 92521		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20090-2521	96.87
Purpose of Expenditure IE-Radio-McSally		Transaction ID : E81BB5DEA05FC4239B56	
Name of Federal Candidate: Mcsally, Martha, E, ,		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
109.82		2016	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Cockfield, Wayne, , , **[Electronically Filed]** Date / /
 Signature **12** **16** **2016**

**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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Interactive Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 92521	Amount <input type="text"/> 387.48
City Washington State DC Zip Code 20090-2521	
Purpose of Expenditure IE-Radio-Babeu Category/Type <input type="text"/>	
Name of Federal Candidate: Babeu, Paul, Raymond, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: AZ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 396.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 387.48
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/> 141297.49

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.

Cockfield, Wayne, , , [Electronically Filed] Date / /

Signature