

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 VICTORY FUND

ADDRESS (number and street) **512 10TH STREET, NW**
Check if different than previously reported. (ACC) **WASHINGTON DC 20004**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00509893 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **06** / **2018** in the State of **DC**

5. Covering Period **10** / **18** / **2018** through **11** / **26** / **2018**

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** / **06** / **2018**

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 VICTORY FUND

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="2018"/>	<input type="text" value="123758.42"/>	<input type="text" value="123758.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90964.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="233166.51"/>	<input type="text" value="691424.78"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="324131.21"/>	<input type="text" value="815183.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="279442.66"/>	<input type="text" value="770494.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44688.55"/>	<input type="text" value="44688.55"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="202537.12"/>	

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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NATIONAL RIGHT TO LIFE VICTORY FUND

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	157406.20	446217.63
(ii) Unitemized	23760.31	193207.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	181166.51	639424.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	52000.00	52000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	233166.51	691424.78
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)).....▶	233166.51	691424.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	233166.51	691424.78

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	11163.85	288879.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11163.85	288879.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	268278.81	481615.41
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.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	279442.66	770494.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	279442.66	770494.65

DETAILED SUMMARY PAGE
of Disbursements

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)	233166.51	691424.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	233166.51	691424.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11163.85	288879.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11163.85	288879.24

**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 6 OF 100
<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

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 VICTORY FUND

A. Bernas, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 571 Meadowbrook Dr
 City North Tonawanda State NY Zip Code 14120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Tonawanda NY School System Occupation (for Individual) Retired Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 21 / 2018
Transaction ID : SA11AI.12621
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Corcoran, Francis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Stratford Rd
 City Buffalo State NY Zip Code 14216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R.P. Morrow Associates, P.C. Occupation (for Individual) Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 14 / 2018
Transaction ID : SA11AI.12744
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Crocker, Albert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 606 N 7th St
 City Auburn State IL Zip Code 62615
 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 ▼ 275.00

Date of Receipt 11 / 14 / 2018
Transaction ID : SA11AI.12757
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 100
<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 VICTORY FUND

A. Daly, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19826 Villager Cir
 City Yorba Linda State CA Zip Code 92886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Occupation (for Individual) Info Requested
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00

Date of Receipt **10 / 26 / 2018**
Transaction ID : SA11Al.12766
 Amount of Each Receipt this Period 35.00
 Memo Item

B. De Vincenzi, June, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 Monroe Way
 City Costa Mesa State CA Zip Code 92626
 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 ▼ 671.00

Date of Receipt **11 / 14 / 2018**
Transaction ID : SA11Al.12775
 Amount of Each Receipt this Period 71.00
 Memo Item

C. Dolan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 Musial Circle
 City Bolingbrook State IL Zip Code 60440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nokia Corp Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 286.30

Date of Receipt **11 / 02 / 2018**
Transaction ID : SA11Al.12798
 Amount of Each Receipt this Period 25.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	131.33
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 100
	<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 VICTORY FUND

A. Filliben, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 Horizon Ter
 City Derwood State MD Zip Code 20855
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : SA11Al.12865
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Filliben, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 Horizon Ter
 City Derwood State MD Zip Code 20855
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : SA11Al.12866
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Franke, Myrna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67962 State Hwy 151
 City Novelty State MO Zip Code 63460
 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 / 22 / 2018
Transaction ID : SA11Al.12885
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 9 OF 100
	<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 VICTORY FUND

A. Glashower, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3005 Fillmore St
 City Jenison State MI Zip Code 49428
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Georgetown Water Proofing, Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 02 / 2018
Transaction ID : SA11Al.12921
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Granucci, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Saint Francis Blvd
 City San Francisco State CA Zip Code 94127
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retired Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2018
Transaction ID : SA11Al.12932
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Higgins, Marjorie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1847 Wexford Way
 City Fleming Island State FL Zip Code 32003
 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 / 26 / 2018
Transaction ID : SA11Al.12994
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 100
<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 VICTORY FUND

A. Kalashnik, Aleks, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 Brozman Rd
 City Binghamton State NY Zip Code 13901
 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 ▼ 1000.00

Date of Receipt **10 / 27 / 2018**
Transaction ID : SA11Al.13053
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Keane, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Ellsworth Ave
 City Staten Island State NY Zip Code 10312
 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 ▼ 800.00

Date of Receipt **11 / 14 / 2018**
Transaction ID : SA11Al.13059
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Luptowitz, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 780 W 15th St
 City San Pedro State CA Zip Code 90731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Maritime Assn Occupation (for Individual) Longshoreman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 18 / 2018**
Transaction ID : SA11Al.13169
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 100
<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 VICTORY FUND

A. Maga, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8072 Cuddy Valley Rd
 City Frazier Park State CA Zip Code 93225
 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 / 06 / 2018
Transaction ID : SA11AI.13175
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Marineau, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2014 Del Hollow St
 City Lakewood State CA Zip Code 90712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Occupation (for Individual) Info Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 14 / 2018
Transaction ID : SA11AI.13180
 Amount of Each Receipt this Period 100.00
 Memo Item

C. McGough, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 100
 City Sewell State NJ Zip Code 08080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGough Bus Co Inc Occupation (for Individual) School bus contractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2018
Transaction ID : SA11AI.13205
 Amount of Each Receipt this Period 25.00
 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 12 OF 100
	<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 VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. McGough, Henry, , ,

Mailing Address **PO Box 100**

City Sewell	State NJ	Zip Code 08080
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McGough Bus Co Inc	Occupation (for Individual) School bus contractor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 19 / 2018

Transaction ID : SA11Al.13206

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. National Right to Life Committee

Mailing Address **512 10th St., NW**

City Washington	State DC	Zip Code 20004
---------------------------	--------------------	--------------------------

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 ▼
315487.77

Date of Receipt
10 / 25 / 2018

Transaction ID : SA11Al.13673

Amount of Each Receipt this Period
100000.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. National Right to Life Committee

Mailing Address **512 10th St., NW**

City Washington	State DC	Zip Code 20004
---------------------------	--------------------	--------------------------

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 ▼
352487.77

Date of Receipt
11 / 07 / 2018

Transaction ID : SA11Al.13674

Amount of Each Receipt this Period
37000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	137025.00
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 100
	<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 VICTORY FUND

A. National Right to Life Committee

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

Mailing Address 512 10th St., NW

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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 ▼
362942.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		26		2018

Transaction ID : SA11Al.13655

Amount of Each Receipt this Period
10454.87

Memo Item
In-kind - Staff Salary/Taxes/Benefits

B. Newby, Steve, , ,

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

Mailing Address 15105 NW 110th St

City Whitewater	State KS	Zip Code 67154
--------------------	-------------	-------------------

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
11		06		2018

Transaction ID : SA11Al.13275

Amount of Each Receipt this Period
250.00

Memo Item

C. Nosek, Jean, , ,

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

Mailing Address 12719 Legend Lake Dr

City Roscoe	State IL	Zip Code 61073
----------------	-------------	-------------------

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

M M	/	D D	/	Y Y Y Y
11		21		2018

Transaction ID : SA11Al.13290

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10954.87
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 14 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Novak, Joshua, , ,		Date of Receipt
Mailing Address 1264 S Walnut Ave		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2018"/>
City Arlington Heights	State IL	Zip Code 60005
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.13293
Name of Employer (for Individual) Advocate Health Care		Occupation (for Individual) Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Amount of Each Receipt this Period <input type="text" value="120.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. O'Meara, James, , ,		Date of Receipt
Mailing Address 11 Bayway Walk		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2018"/>
City Breezy Point	State NY	Zip Code 11697
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.13307
Name of Employer (for Individual) None		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Parker, Richard, , ,		Date of Receipt
Mailing Address 6304 N Via Jaspeada		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City Tucson	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.13324
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="870.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 100
<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 VICTORY FUND

A. Plotsky, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3717 Magnolia Dr
 City Spring Grove State IL Zip Code 60081
 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 / 06 / 2018
Transaction ID : SA11AI.13365
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ricci, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 782
 City Seneca Falls State NY Zip Code 13148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Occupation (for Individual) Info Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 21 / 2018
Transaction ID : SA11AI.13395
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Tobias, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Melcor De Canoncito
 City Cedar Crest State NM Zip Code 87008
 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 ▼ 1000.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11AI.13570
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1290.00
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 16 OF 100
	<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 VICTORY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wall, Richard, , ,

Mailing Address PO Box 973

City Marion	State IL	Zip Code 62959
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Abstracter of Land Titles
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2018

Transaction ID : SA11Al.13593

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 624 76th St

City Brooklyn	State NY	Zip Code 11209
------------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2018

Transaction ID : SA11Al.13594

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 9595 E Shadowview Dr

City Claremore	State OK	Zip Code 74017
-------------------	-------------	-------------------

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	/	18	/	2018

Transaction ID : SA11Al.13609

Amount of Each Receipt this Period
300.00

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 100
	<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 VICTORY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weis, Charles, , ,

Mailing Address 15 Stonetree Cir

City Rochester	State MI	Zip Code 48309
-------------------	-------------	-------------------

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
11		02		2018

Transaction ID : SA11AL13611

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
-----	---	-----	---	---------

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).....	250.00
TOTAL This Period (last page this line number only).....	157406.20

**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 100
<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 VICTORY FUND

A. NATIONAL RIGHT TO LIFE POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 512 10TH STREET, N.W.

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00111278

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2018

Transaction ID : SA11C.13672

Amount of Each Receipt this Period
13000.00

Memo Item Contribution

B. NATIONAL RIGHT TO LIFE POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 512 10TH STREET, N.W.

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00111278

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2018

Transaction ID : SA11C.13670

Amount of Each Receipt this Period
39000.00

Memo Item Contribution

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

Amount of Each Receipt this Period

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	52000.00
TOTAL This Period (last page this line number only).....▶	52000.00

**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 VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Cybersource

Mailing Address PO Box 742842

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13669
Amount of Each Disbursement this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Global Pay

Mailing Address 10705 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

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

MM / DD / YYYY
10 / 18 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13657
Amount of Each Disbursement this Period
92.41

Memo Item

Full Name (Last, First, Middle Initial)

C. Global Pay

Mailing Address 10705 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13785
Amount of Each Disbursement this Period
89.77

Memo Item

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

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

232.18

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 VICTORY FUND

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

Purpose of Disbursement In-kind - Staff Salary/Taxes/Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B.13656

Amount of Each Disbursement this Period: 10454.87

Memo Item

B. Suntrust Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 18 / 2018

FEC Identification Number: C

Transaction ID : SB21B.13658

Amount of Each Disbursement this Period: 15.00

Memo Item

C. Suntrust Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 18 / 2018

FEC Identification Number: C

Transaction ID : SB21B.13666

Amount of Each Disbursement this Period: 31.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10501.82

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 VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

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

MM / DD / YYYY
10 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13661
Amount of Each Disbursement this Period
30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

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

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13662
Amount of Each Disbursement this Period
38.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

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

MM / DD / YYYY
10 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13663
Amount of Each Disbursement this Period
15.00

Memo Item

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

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

83.00

**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 VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

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

MM / DD / YYYY
10 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13664
Amount of Each Disbursement this Period
167.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13666
Amount of Each Disbursement this Period
31.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

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

MM / DD / YYYY
11 / 13 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13787
Amount of Each Disbursement this Period
16.20

Memo Item

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

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

215.65

**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 VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

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

MM / DD / YYYY
11 / 21 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13789
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TSYS Transfirst

Mailing Address 23510 Buckridge Dr.

City Damascus State MD Zip Code 20872

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

MM / DD / YYYY
11 / 13 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13668
Amount of Each Disbursement this Period
104.16

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

109.16

11141.81

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect LLC			Nature of Debt (Purpose): Fundraising Phone Calls (est)
Mailing Address 7300 Hudson Blvd. N			
City Saint Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 1135.05	Transaction ID : SD10.4099	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1135.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect LLC			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 7300 Hudson Blvd. N			
City Saint Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 2162.00	Transaction ID : SD10.4104	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2162.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect LLC			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 7300 Hudson Blvd. N			
City Saint Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 1024.60	Transaction ID : SD10.4105	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1024.60

1) SUBTOTALS This Period This Page (optional)..... ▶	4321.65
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect LLC			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 7300 Hudson Blvd. N			
City Saint Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period <input type="text" value="658.00"/>	Transaction ID : SD10.4106	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="658.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect LLC			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 7300 Hudson Blvd. N			
City Saint Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period <input type="text" value="554.60"/>	Transaction ID : SD10.4110	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="554.60"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSP Direct			Nature of Debt (Purpose): Fundraising Phone Calls (est)
Mailing Address 13755 Sunrise Valley Dr.			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period <input type="text" value="14238.91"/>	Transaction ID : SD10.4102	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14238.91"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="15451.51"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2145.55	Transaction ID : SD10.4107	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2145.55

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 428.40	Transaction ID : SD10.4109	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 428.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 215.80	Transaction ID : SD10.4118	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 215.80

1) SUBTOTALS This Period This Page (optional)..... ▶	2789.75
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 100
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period <input type="text" value="78.00"/>	Transaction ID : SD10.4119	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="78.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period <input type="text" value="487.06"/>	Transaction ID : SD10.4120	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="487.06"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period <input type="text" value="546.77"/>	Transaction ID : SD10.4121	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="546.77"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1111.83"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama		
Mailing Address 325 Springside Dr.					
City Akron	State OH	Zip Code 44333			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4122	
2706.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2706.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama		
Mailing Address 325 Springside Dr.					
City Akron	State OH	Zip Code 44333			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4123	
3956.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3956.70	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama		
Mailing Address 325 Springside Dr.					
City Akron	State OH	Zip Code 44333			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4124	
2719.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2719.20	

1) SUBTOTALS This Period This Page (optional)..... ▶	9381.90
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2963.60	Transaction ID : SD10.4125	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2963.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 388.00	Transaction ID : SD10.4126	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 388.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2088.90	Transaction ID : SD10.4127	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2088.90

1) SUBTOTALS This Period This Page (optional)..... ▶	5440.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 3206.20	Transaction ID : SD10.4129	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3206.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 4846.85	Transaction ID : SD10.4130	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4846.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 4606.60	Transaction ID : SD10.4133	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4606.60

1) SUBTOTALS This Period This Page (optional)..... ▶	12659.65
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 5333.90	Transaction ID : SD10.4135	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5333.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2817.90	Transaction ID : SD10.4137	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2817.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 6030.40	Transaction ID : SD10.4138	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6030.40

1) SUBTOTALS This Period This Page (optional)..... ▶	14182.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2049.30	Transaction ID : SD10.4140	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2049.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2570.50	Transaction ID : SD10.4141	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2570.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2255.40	Transaction ID : SD10.4142	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2255.40

1) SUBTOTALS This Period This Page (optional)..... ▶	6875.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 712.80	Transaction ID : SD10.4143	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 712.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 544.50	Transaction ID : SD10.4144	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 544.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 4608.80	Transaction ID : SD10.4146	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4608.80

1) SUBTOTALS This Period This Page (optional)..... ▶	5866.10
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 584.10	Transaction ID : SD10.4147	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 584.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 5246.30	Transaction ID : SD10.4148	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5246.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 5015.90	Transaction ID : SD10.4149	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5015.90

1) SUBTOTALS This Period This Page (optional)..... ▶	10846.30
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2493.90	Transaction ID : SD10.4153	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2493.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2448.30	Transaction ID : SD10.4154	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2448.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2440.00	Transaction ID : SD10.4155	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2440.00

1) SUBTOTALS This Period This Page (optional)..... ▶	7382.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 7665.30	Transaction ID : SD10.4156	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7665.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 1576.00	Transaction ID : SD10.4157	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1576.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 5333.00	Transaction ID : SD10.4158	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5333.00

1) SUBTOTALS This Period This Page (optional)..... ▶	14574.30
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2298.00	Transaction ID : SD10.4160	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2298.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 4959.00	Transaction ID : SD10.4161	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4959.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 3254.00	Transaction ID : SD10.4162	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3254.00

1) SUBTOTALS This Period This Page (optional)..... ▶	10511.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama		
Mailing Address 325 Springside Dr.					
City Akron	State OH	Zip Code 44333			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4163			
2637.50					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	2637.50			

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama		
Mailing Address 325 Springside Dr.					
City Akron	State OH	Zip Code 44333			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4167			
2029.00					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	2029.00			

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama		
Mailing Address 325 Springside Dr.					
City Akron	State OH	Zip Code 44333			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4169			
1875.00					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	1875.00			

1) SUBTOTALS This Period This Page (optional)..... ▶	6541.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 5654.60	Transaction ID : SD10.4171	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5654.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 1125.54	Transaction ID : SD10.4172	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1125.54

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 13313.74	Transaction ID : SD10.4174	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13313.74

1) SUBTOTALS This Period This Page (optional)..... ▶	20093.88
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 287.23	Transaction ID : SD10.4176	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 287.23

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 3000.00	Transaction ID : SD10.4177	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 1581.76	Transaction ID : SD10.4178	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1581.76

1) SUBTOTALS This Period This Page (optional)..... ▶	4868.99
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 13622.65	Transaction ID : SD10.4179	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13622.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 1672.67	Transaction ID : SD10.4180	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1672.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InfoCision			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 325 Springside Dr.			
City Akron	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 2093.09	Transaction ID : SD10.4181	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2093.09

1) SUBTOTALS This Period This Page (optional)..... ▶	17388.41
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period <input type="text" value="1189.40"/>	Transaction ID : SD10.4112	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1189.40"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period <input type="text" value="490.85"/>	Transaction ID : SD10.4114	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="490.85"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period <input type="text" value="1604.36"/>	Transaction ID : SD10.4115	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1604.36"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3284.61"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 557.08	Transaction ID : SD10.4116	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 557.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 1479.34	Transaction ID : SD10.4117	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1479.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 925.38	Transaction ID : SD10.4128	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 925.38

1) SUBTOTALS This Period This Page (optional)..... ▶	2961.80
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 2596.21	Transaction ID : SD10.4131	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2596.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 1663.56	Transaction ID : SD10.4132	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1663.56

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 895.32	Transaction ID : SD10.4134	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 895.32

1) SUBTOTALS This Period This Page (optional)..... ▶	5155.09
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period <input type="text" value="1352.19"/>	Transaction ID : SD10.4136	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1352.19"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period <input type="text" value="2074.36"/>	Transaction ID : SD10.4139	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2074.36"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period <input type="text" value="0.34"/>	Transaction ID : SD10.4145	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.34"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3426.89"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 1272.02	Transaction ID : SD10.4173	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1272.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 0.01	Transaction ID : SD10.4190	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corporation			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 545 W. Juanita Ave.			
City Mesa	State AZ	Zip Code 85201	

Outstanding Balance Beginning This Period 7336.63	Transaction ID : SD10.4191	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7336.63

1) SUBTOTALS This Period This Page (optional)..... ▶	8608.66
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 0.20	Transaction ID : SD10.4151	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 1.00	Transaction ID : SD10.4159	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 657.00	Transaction ID : SD10.4166	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 657.00

1) SUBTOTALS This Period This Page (optional)..... ▶	658.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 947.25	Transaction ID : SD10.4168	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 947.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 963.00	Transaction ID : SD10.4170	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 963.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-oppose Obama
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4175	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2910.25
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-for Marshal Sanford
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period <input type="text" value="1264.50"/>	Transaction ID : SD10.4182	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1264.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-for Marshal Sanford
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period <input type="text" value="542.25"/>	Transaction ID : SD10.4183	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="542.25"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-for Marshal Sanford
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period <input type="text" value="1480.50"/>	Transaction ID : SD10.4184	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1480.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3287.25"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 50 OF 100
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-for Marshal Sanford		
Mailing Address 7591 9th St N					
City St. Paul	State MN	Zip Code 55128			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4185			
396.00					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	396.00			

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-for Marshal Sanford		
Mailing Address 7591 9th St N					
City St. Paul	State MN	Zip Code 55128			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4186			
279.00					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	279.00			

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-for Marshal Sanford		
Mailing Address 7591 9th St N					
City St. Paul	State MN	Zip Code 55128			

Outstanding Balance Beginning This Period		Transaction ID : SD10.4187			
542.25					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	542.25			

1) SUBTOTALS This Period This Page (optional)..... ▶	1217.25
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 51 OF 100
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NATIONAL RIGHT TO LIFE VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-for Jason Smith
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4188	
<input type="text" value="234.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="234.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Fundraising Phone Calls (EST)-for Jason Smith
Mailing Address 7591 9th St N			
City St. Paul	State MN	Zip Code 55128	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4189	
<input type="text" value="506.25"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="506.25"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="740.25"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="202537.12"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="202537.12"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Scott, Rick-Media Buy Category/Type 004
Name of Federal Candidate: SCOTT, RICK, , Support
Office Sought: Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 36161.16
Disbursement For: General 2018

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Cruz, Rafael-Media Buy Category/Type 004
Name of Federal Candidate: CRUZ, RAFAEL EDWARD TED, , Support
Office Sought: Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 48522.80
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 60375.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , [Electronically Filed] Date 12 / 06 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Heller, Dean-Media Buy
Category/Type 004
Name of Federal Candidate: HELLER, DEAN, , , Support
Office Sought: Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 23619.54
Disbursement For: General 2018

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Marquez Peterson, Lea-Media Buy
Category/Type 004
Name of Federal Candidate: MARQUEZ PETERSON, LEA, , , Support
Office Sought: House State: AZ
Calendar Year-To-Date Per Election for Office Sought 982.43
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 22995.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 06 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Schweikert, David-Media Buy
Category/Type 004
Name of Federal Candidate: SCHWEIKERT, DAVID, , , Support
Office Sought: House District: 06 State: AZ
Calendar Year-To-Date Per Election for Office Sought 5412.07
Disbursement For: General 2018

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-McSally, Martha-Media Buy
Category/Type 004
Name of Federal Candidate: MCSALLY, MARTHA, , , Support
Office Sought: Senate District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought 11828.83
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 13324.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 06 / 2018
Signature

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

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00509893
---	--

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 LLC	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	Transaction ID : SE.12533 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Scott, Rick-Media Buy Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="text"/> State: <input type="text"/>
Name of Federal Candidate: SCOTT, RICK, , ,	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	69161.16

Full Name of Payee <input type="checkbox"/> Memo Item Interactive Media LLC	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	Transaction ID : SE.12534 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure IE-Walorski, Jackie-Media Buy 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"/> Senate District: <input type="text"/> State: <input type="text"/>
Name of Federal Candidate: WALORSKI SWIHART, JACKIE, , ,	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	3465.28

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) 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 VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Braun, Mike-Media Buy
Category/Type 004
Name of Federal Candidate: BRAUN, MIKE, , , Support
Office Sought: Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 41587.00
Disbursement For: General 2018

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Wagner, Ann-Media Buy
Category/Type 004
Name of Federal Candidate: WAGNER, ANN L., , , Support
Office Sought: House State: MO
Calendar Year-To-Date Per Election for Office Sought 3491.11
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 15237.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 06 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Hawley, Josh-Media Buy
Category/Type 004
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , , Support
Office Sought: Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 40059.62
Disbursement For: General 2018

Full Name of Payee Interactive Media LLC
Mailing Address PO Box 92521
City Washington State DC Zip Code 20090
Purpose of Expenditure IE-Hyde-Smith, Cindy-Media Buy
Category/Type 004
Name of Federal Candidate: HYDE-SMITH, CINDY, , , Support
Office Sought: Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 72664.32
Disbursement For: Other (specify) Runoff 2018

(a) SUBTOTAL of Itemized Independent Expenditures 80114.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 06 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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 St.
City Indianapolis State IN Zip Code 46202
Purpose of Expenditure IE-Hyde-Smith, Cindy-Mailing
Category/Type 004
Name of Federal Candidate: HYDE-SMITH, CINDY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 6354.32
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Young, Don-Voter Calls
Category/Type 004
Name of Federal Candidate: YOUNG, DONALD E, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 953.80
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7308.12
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall Memo Item

Date of Public Distribution/Dissemination 11 / 05 / 2018

Mailing Address 1001 North 19th St., Ste. 1200

Amount 914.01

City Arlington State VA Zip Code 22209

Transaction ID : SE.13677

Purpose of Expenditure IE-McSally, Martha-Voter CALLS Category/Type 004

Date of Disbursement or Obligation 11 / 26 / 2018

Name of Federal Candidate: MCSALLY, MARTHA, , , Support Oppose

Office Sought: House Senate District: 00 State: AZ

Calendar Year-To-Date Per Election for Office Sought 12742.84

Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Tele-Town Hall Memo Item

Date of Public Distribution/Dissemination 11 / 05 / 2018

Mailing Address 1001 North 19th St., Ste. 1200

Amount 157.70

City Arlington State VA Zip Code 22209

Transaction ID : SE.13678

Purpose of Expenditure IE-Rogers, Wendy-Voter Calls Category/Type 004

Date of Disbursement or Obligation 11 / 26 / 2018

Name of Federal Candidate: ROGERS, WENDY, , , Support Oppose

Office Sought: House Senate District: 01 State: AZ

Calendar Year-To-Date Per Election for Office Sought 1644.61

Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1071.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 06 / 2018 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Marquez-Peterson, Lea-Voter Calls
Category/Type 004
Name of Federal Candidate: MARQUEZ PETERSON, LEA, , ,
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Schweikert, David-Voter Calls
Category/Type 004
Name of Federal Candidate: SCHWEIKERT, DAVID, , ,
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 584.76
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall Memo Item

Date of Public Distribution/Dissemination 11 / 05 / 2018

Mailing Address 1001 North 19th St., Ste. 1200

Amount 5408.98

City Arlington State VA Zip Code 22209

Transaction ID : SE.13681

Purpose of Expenditure IE-Scott, Rick-Voter Calls Category/Type 004

Date of Disbursement or Obligation 11 / 26 / 2018

Name of Federal Candidate: SCOTT, RICK, , , Support Oppose

Office Sought: House District: 00 Senate State: FL

Calendar Year-To-Date Per Election for Office Sought 74570.14

Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Tele-Town Hall Memo Item

Date of Public Distribution/Dissemination 11 / 05 / 2018

Mailing Address 1001 North 19th St., Ste. 1200

Amount 517.08

City Arlington State VA Zip Code 22209

Transaction ID : SE.13682

Purpose of Expenditure IE-Waltz, Michael-Voter Calls Category/Type 004

Date of Disbursement or Obligation 11 / 26 / 2018

Name of Federal Candidate: WALTZ, MICHAEL, , , Support Oppose

Office Sought: House District: 06 Senate State: FL

Calendar Year-To-Date Per Election for Office Sought 1008.17

Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5926.06

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , , [Electronically Filed] Signature

Date 12 / 06 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Miller, Mike-Voter Calls
Category/Type 004
Name of Federal Candidate: MILLER, MIKE, , , Support
Office Sought: House District: 07 State: FL
Calendar Year-To-Date Per Election for Office Sought 829.00
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Spano, Ross-Voter Calls
Category/Type 004
Name of Federal Candidate: SPANO, VINCENT ROSS, , , Support
Office Sought: House District: 15 State: FL
Calendar Year-To-Date Per Election for Office Sought 924.97
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 771.79
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , , [Electronically Filed] Date 12 / 06 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Buchanan, Vern-Voter Calls Category/Type 004

Date of Public Distribution/Dissemination 11/05/2018
Amount 454.94
Transaction ID: SE.13685
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: BUCHANAN, VERNON, , ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 454.94

Office Sought: House District: 16
President Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Steube, Greg-Voter Calls Category/Type 004

Date of Public Distribution/Dissemination 11/05/2018
Amount 497.19
Transaction ID: SE.13687
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: STEUBE, W. GREG, , ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 497.19

Office Sought: House District: 17
President Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 952.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , ,

[Electronically Filed]

Date 12/06/2018

Signature

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

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00509893
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Tele-Town Hall <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1001 North 19th St., Ste. 1200	Amount <input type="text"/>
City: Arlington State: VA Zip Code: 22209	Transaction ID : SE.13689
Purpose of Expenditure IE-Mast, Brian-Voter Calls Category/Type <input type="text"/> 004	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 <input type="checkbox"/> Senate District: <u>18</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 788.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Tele-Town Hall <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1001 North 19th St., Ste. 1200	Amount <input type="text"/>
City: Arlington State: VA Zip Code: 22209	Transaction ID : SE.13690
Purpose of Expenditure IE-Diaz-Balart, Mario-Voter Calls Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: DIAZ-BALART, MARIO, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>25</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 215.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 512.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) 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 VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Curbelo, Carlos-Voter Calls
Category/Type 004
Name of Federal Candidate: CURBELO, CARLOS, , , Support
Office Sought: House District: 26 State: FL
Disbursement For: General 2018
Amount 142.72
Transaction ID: SE.13692
Date of Disbursement or Obligation 11/26/2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Salazar, Maria Elvira
Category/Type 004
Name of Federal Candidate: SALAZAR, MARIA ELVIRA, , , Support
Office Sought: House District: 27 State: FL
Disbursement For: General 2018
Amount 156.20
Transaction ID: SE.13694
Date of Disbursement or Obligation 11/26/2018

(a) SUBTOTAL of Itemized Independent Expenditures 298.92
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , ,

[Electronically Filed]

Date 12/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Handel, Karen-Voter Calls
Category/Type 004
Name of Federal Candidate: Support HANDEL, KAREN CHRISTINE, , ,
Office Sought: House District: 06 State: GA
Calendar Year-To-Date Per Election for Office Sought 649.93
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Woodall, Rob-Voter Calls
Category/Type 004
Name of Federal Candidate: Support WOODALL, ROB, , ,
Office Sought: House District: 07 State: GA
Calendar Year-To-Date Per Election for Office Sought 116.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 274.84
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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 VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Roskam, Peter-Voter Calls
Category/Type 004
Name of Federal Candidate: ROSKAM, PETER, , ,
Disbursement For: General 2018
Amount 226.53
Transaction ID: SE.13698

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Bost, Mike-Voter Calls
Category/Type 004
Name of Federal Candidate: BOST, MICHAEL, , ,
Disbursement For: General 2018
Amount 143.33
Transaction ID: SE.13699

(a) SUBTOTAL of Itemized Independent Expenditures 369.86
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , ,

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Date 12 / 06 / 2018

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

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00509893
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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 Tele-Town Hall	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1001 North 19th St., Ste. 1200	Amount <input type="text"/>
City: Arlington State: VA Zip Code: 22209	Transaction ID : SE.13700
Purpose of Expenditure: IE-Davis, Rodney-Voter Calls Category/Type: <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose DAVIS, RODNEY L, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>13</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1627.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Tele-Town Hall	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1001 North 19th St., Ste. 1200	Amount <input type="text"/>
City: Arlington State: VA Zip Code: 22209	Transaction ID : SE.13701
Purpose of Expenditure: IE-Hultgren, Randy-Voter Calls Category/Type: <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose HULTGREN, RANDY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>14</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 184.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 338.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) 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 VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Blum, Rod-Voter Calls
Category/Type 004
Name of Federal Candidate: BLUM, RODNEY, , , Support
Office Sought: House District: 01 State: IA
Calendar Year-To-Date Per Election for Office Sought 2137.51
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Young, David-Voter Calls
Category/Type 004
Name of Federal Candidate: YOUNG, DAVID, , , Support
Office Sought: House District: 03 State: IA
Calendar Year-To-Date Per Election for Office Sought 1529.62
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1211.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Watkins, Steve-Voter Calls
Category/Type 004
Name of Federal Candidate: WATKINS, STEVE, , ,
Calendar Year-To-Date Per Election for Office Sought 1282.98

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Yoder, Kevin-Voter Calls
Category/Type 004
Name of Federal Candidate: YODER, KEVIN, , ,
Calendar Year-To-Date Per Election for Office Sought 326.67

(a) SUBTOTAL of Itemized Independent Expenditures 627.47
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Poliquin, Bruce-Voter Calls
Category/Type 004
Name of Federal Candidate: POLIQUIN, BRUCE L, , Support
Office Sought: House District: 02 State: ME
Calendar Year-To-Date Per Election for Office Sought 1408.82
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Bergman, Jack-Voter Calls
Category/Type 004
Name of Federal Candidate: BERGMAN, JOHN, , Support
Office Sought: House District: 01 State: MI
Calendar Year-To-Date Per Election for Office Sought 2195.87
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 658.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00509893
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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 Tele-Town Hall		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1001 North 19th St., Ste. 1200		Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.13710
Purpose of Expenditure IE-Upton, Fred-Voter Calls		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: UPTON, FREDERICK STEPHEN, , ,		<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>MI</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 Tele-Town Hall		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1001 North 19th St., Ste. 1200		Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.13712
Purpose of Expenditure IE-Walberg, Tim-Voter Calls		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: WALBERG, TIMOTHY L, , ,		<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>MI</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"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Bishop, Mike-Voter Calls
Category/Type 004
Name of Federal Candidate: BISHOP, MIKE, , , Support
Office Sought: House District: 08 State: MI
Disbursement For: General 2018
Amount 253.15
Transaction ID: SE.13714
Date of Disbursement or Obligation 11/26/2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Epstein, Lena-Voter Calls
Category/Type 004
Name of Federal Candidate: EPSTEIN, LENA ROSE, , , Support
Office Sought: House District: 11 State: MI
Disbursement For: General 2018
Amount 194.33
Transaction ID: SE.13716
Date of Disbursement or Obligation 11/26/2018

(a) SUBTOTAL of Itemized Independent Expenditures 447.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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Date 12/06/2018

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Hawley, Josh-Voter Calls
Category/Type 004
Name of Federal Candidate: HAWLEY, JOSHUA DAVID, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: MO
Calendar Year-To-Date Per Election for Office Sought 41930.95
Disbursement For: Primary General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Wagner, Ann-Voter Calls
Category/Type 004
Name of Federal Candidate: WAGNER, ANN L., , ,
Support Oppose
Office Sought: House Senate
District: 02 State: MO
Calendar Year-To-Date Per Election for Office Sought 4103.81
Disbursement For: Primary General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 2484.03
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Bacon, Don-Voter Calls
Category/Type 004
Name of Federal Candidate: BACON, DONALD J, , Support
Office Sought: House District: 02 State: NE
Disbursement For: General 2018
Amount 157.57
Transaction ID: SE.13719
Date of Disbursement or Obligation 11/26/2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Heller, Dean-Voter Calls
Category/Type 004
Name of Federal Candidate: HELLER, DEAN, , Support
Office Sought: Senate District: 00 State: NV
Disbursement For: General 2018
Amount 160.17
Transaction ID: SE.13720
Date of Disbursement or Obligation 11/26/2018

(a) SUBTOTAL of Itemized Independent Expenditures 317.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, ,

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Amodei, Mark-Voter Calls
Category/Type 004
Name of Federal Candidate: AMODEI, MARK EUGENE, , ,
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Tarkanian, Danny-Voter Calls
Category/Type 004
Name of Federal Candidate: TARKANIAN, DANNY, , ,
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 548.98
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Hardy, Crescent-Voter Calls
Category/Type 004
Name of Federal Candidate: HARDY, CRESENT, , ,
Office Sought: House District: 04 State: NV
Disbursement For: General 2018
Amount 206.48
Transaction ID: SE.13723
Date of Disbursement or Obligation 11/26/2018
Calendar Year-To-Date Per Election for Office Sought 227.82

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Herrell, Yvette-Voter Calls
Category/Type 004
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,
Office Sought: House District: 02 State: NM
Disbursement For: General 2018
Amount 261.76
Transaction ID: SE.13724
Date of Disbursement or Obligation 11/26/2018
Calendar Year-To-Date Per Election for Office Sought 2717.21

(a) SUBTOTAL of Itemized Independent Expenditures 468.24
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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Date

12 / 06 / 2018

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Zeldin, Lee-Voter Calls
Category/Type 004
Name of Federal Candidate: ZELDIN, LEE M, , Support
Office Sought: House District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought 183.44
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-King, Pete-Voter Calls
Category/Type 004
Name of Federal Candidate: KING, PETE, , Support
Office Sought: House District: 02 State: NY
Calendar Year-To-Date Per Election for Office Sought 206.58
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 390.02
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Cockfield, Wayne, , [Electronically Filed] Date 12 / 06 / 2018
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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00509893
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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 Tele-Town Hall		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1001 North 19th St., Ste. 1200		Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.13729
Purpose of Expenditure IE-Donovan, Dan-Voter Calls		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: <u>11</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 Tele-Town Hall		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1001 North 19th St., Ste. 1200		Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.13730
Purpose of Expenditure IE-Faso, John-Voter Calls		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 District: <u>19</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"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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Cockfield, Wayne, , ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Stefanik, Elise-Voter Calls
Category/Type 004
Name of Federal Candidate: STEFANIK, ELISE M., , Support
Office Sought: House District: 21 State: NY
Disbursement For: General 2018
Amount 258.87
Transaction ID: SE.13732
Date of Disbursement or Obligation 11/26/2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Tenney, Claudia-Voter Calls
Category/Type 004
Name of Federal Candidate: TENNEY, CLAUDIA, , Support
Office Sought: House District: 22 State: NY
Disbursement For: General 2018
Amount 373.30
Transaction ID: SE.13734
Date of Disbursement or Obligation 11/26/2018

(a) SUBTOTAL of Itemized Independent Expenditures 632.17
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Reed, Tom-Voter Calls
Name of Federal Candidate: REED, THOMAS W, , ,
Calendar Year-To-Date Per Election for Office Sought 439.12

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Katko, John-Voter Calls
Name of Federal Candidate: KATKO, JOHN M, , ,
Calendar Year-To-Date Per Election for Office Sought 429.82

(a) SUBTOTAL of Itemized Independent Expenditures 868.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , ,

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Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Collins, Chris-Voter Calls
Category/Type 004
Name of Federal Candidate: COLLINS, CHRISTOPHER C, , ,
Office Sought: House District: 27 State: NY
Disbursement For: General 2018
Amount 328.81
Transaction ID: SE.13739
Date of Disbursement or Obligation 11/26/2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Holding, George-Voter Calls
Category/Type 004
Name of Federal Candidate: HOLDING, GEORGE E MR., , ,
Office Sought: House District: 02 State: NC
Disbursement For: General 2018
Amount 524.40
Transaction ID: SE.13741
Date of Disbursement or Obligation 11/26/2018

(a) SUBTOTAL of Itemized Independent Expenditures 853.21
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Harris, Mark-Voter Calls
Category/Type 004
Name of Federal Candidate: HARRIS, MARK E, , Support
Office Sought: House District: 09 State: NC
Calendar Year-To-Date Per Election for Office Sought 898.03
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Budd, Ted-Voter Calls
Category/Type 004
Name of Federal Candidate: BUDD, THEODORE, , Support
Office Sought: House District: 13 State: NC
Calendar Year-To-Date Per Election for Office Sought 1670.77
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1095.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Chabot, Steve-Voter Calls Category/Type 004

Date of Public Distribution/Dissemination 11/05/2018
Amount 464.79
Transaction ID: SE.13744
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: CHABOT, STEVE, , ,
Support Oppose
Office Sought: House President Senate State: OH
District: 01

Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Turner, Mike-Voter Calls Category/Type 004

Date of Public Distribution/Dissemination 11/05/2018
Amount 501.55
Transaction ID: SE.13745
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: TURNER, MICHAEL R, , ,
Support Oppose
Office Sought: House President Senate State: OH
District: 10

Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 966.34
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Balderson, Troy-Voter CALLS
Category/Type 004
Name of Federal Candidate: BALDERSON, TROY, , ,
Calendar Year-To-Date Per Election for Office Sought 1407.74

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Joyce, Dave-Voter Calls
Category/Type 004
Name of Federal Candidate: JOYCE, DAVID P, , ,
Calendar Year-To-Date Per Election for Office Sought 529.34

(a) SUBTOTAL of Itemized Independent Expenditures 954.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Russell, Steve-Voter Calls
Category/Type 004
Name of Federal Candidate: RUSSELL, STEVEN DANE, , ,
Support Oppose Office Sought: House District: 05
State: OK
Calendar Year-To-Date Per Election for Office Sought 825.33
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Fitzpatrick, Brian-Voter Calls
Category/Type 004
Name of Federal Candidate: FITZPATRICK, BRIAN, , ,
Support Oppose Office Sought: House District: 01
State: PA
Calendar Year-To-Date Per Election for Office Sought 1102.26
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1190.95
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Nothstein, Marty-Voter Calls
Category/Type 004

Date of Public Distribution/Dissemination 11/05/2018
Amount 615.27
Transaction ID : SE.13752
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: NOTHSTEIN, MARTY MR., ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1106.36

Office Sought: House District: 07
State: PA
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Chrin, John-Voter Calls
Category/Type 004

Date of Public Distribution/Dissemination 11/05/2018
Amount 560.34
Transaction ID : SE.13753
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: CHRIN, JOHN R., ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1788.07

Office Sought: House District: 08
State: PA
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1175.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Perry, Scott-Voter Calls
Category/Type 004
Name of Federal Candidate: PERRY, SCOTT, , ,
Office Sought: House District: 10 State: PA
Calendar Year-To-Date Per Election for Office Sought 1065.34
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Reschenthaler, Guy-Voter Calls
Category/Type 004
Name of Federal Candidate: RESCHENTHALER, GUY MR., , ,
Office Sought: House District: 14 State: PA
Calendar Year-To-Date Per Election for Office Sought 649.72
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1469.51
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Kelly, Mike-Voter Calls
Category/Type 004
Name of Federal Candidate: KELLY, MIKE, , ,
Office Sought: House District: 16 State: PA
Calendar Year-To-Date Per Election for Office Sought 1333.27
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Rothfus, Keith-Voter Calls
Category/Type 004
Name of Federal Candidate: ROTHFUS, KEITH MR., , ,
Office Sought: House District: 17 State: PA
Calendar Year-To-Date Per Election for Office Sought 1049.25
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1645.88
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Blackburn, Marsha-Voter Calls
Category/Type 004
Name of Federal Candidate: BLACKBURN, MARSHA, ,
Support Oppose Office Sought: House Senate State: TN
Disbursement For: Primary General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Burchett, Tim-Voter Calls
Category/Type 004
Name of Federal Candidate: BURCHETT, TIM, ,
Support Oppose Office Sought: House Senate State: TN
Disbursement For: Primary General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1087.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Rose, John-Voter Calls Category/Type 004
Date of Public Distribution/Dissemination 11/05/2018
Amount 267.39
Transaction ID: SE.13761
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: ROSE, JOHN W., , Support
Office Sought: House District: 06 State: TX
Calendar Year-To-Date Per Election for Office Sought 267.39
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Green, Mark-Voter Calls Category/Type 004
Date of Public Distribution/Dissemination 11/05/2018
Amount 199.10
Transaction ID: SE.13762
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: GREEN, MARK, , Support
Office Sought: House District: 07 State: TN
Calendar Year-To-Date Per Election for Office Sought 1662.53
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 466.49
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Cruz, Ted-Voter Calls
Category/Type 004
Name of Federal Candidate: CRUZ, RAFAEL EDWARD TED, ,
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Crenshaw, Dan-Voter Calls
Category/Type 004
Name of Federal Candidate: CRENSHAW, DANIEL, ,
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 701.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Wright, Ron-Voter Calls
Category/Type 004
Name of Federal Candidate: WRIGHT, RON, , , Support
Office Sought: House District: 06 State: TX
Calendar Year-To-Date Per Election for Office Sought 319.50
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Culberson, John-Voter Calls
Category/Type 004
Name of Federal Candidate: CULBERSON, JOHN, , , Support
Office Sought: House District: 07 State: TX
Calendar Year-To-Date Per Election for Office Sought 553.37
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 114.39
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Roy, Chip-Voter Calls Category/Type 004

Date of Public Distribution/Dissemination 11/05/2018
Amount 67.58
Transaction ID : SE.13769
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: ROY, CHIP, , ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 313.13

Office Sought: House District: 21
State: TX
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Olson, Pete-Voter Calls Category/Type 004

Date of Public Distribution/Dissemination 11/05/2018
Amount 45.70
Transaction ID : SE.13770
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: OLSON, PETER G., , ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 45.70

Office Sought: House District: 22
State: TX
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 113.28
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Hurd, William-Voter Calls
Category/Type 004
Name of Federal Candidate: HURD, WILLIAM, , , Support
Office Sought: House District: 23 State: TX
Calendar Year-To-Date Per Election for Office Sought 547.39
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Marchant, Kenny-Voter Calls
Category/Type 004
Name of Federal Candidate: MARCHANT, KENNY E MR., , , Support
Office Sought: House District: 24 State: TX
Calendar Year-To-Date Per Election for Office Sought 56.66
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 112.96
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Carter, John-Voter Calls
Category/Type 004
Name of Federal Candidate: CARTER, JOHN R., , ,
Support Oppose Office Sought: House District: 31 State: TX
Calendar Year-To-Date Per Election for Office Sought 288.91
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Sessions, Pete-Voter Calls
Category/Type 004
Name of Federal Candidate: SESSIONS, PETE MR., , ,
Support Oppose Office Sought: House District: 32 State: TX
Calendar Year-To-Date Per Election for Office Sought 558.60
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 110.87
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Love, Mia-Voter Calls
Category/Type 004
Name of Federal Candidate: LOVE, MIA, , , Support
Office Sought: House District: 04 State: UT
Calendar Year-To-Date Per Election for Office Sought 1018.56
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Herrera-Beutler, Jaime-Voter Calls
Category/Type 004
Name of Federal Candidate: HERRERA BEUTLER, JAIME, , , Support
Office Sought: House District: 03 State: WA
Calendar Year-To-Date Per Election for Office Sought 1682.51
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 245.62
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Cockfield, Wayne, , ,

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FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-McMorris Rodgers, Cathy-Voter Calls
Category/Type 004
Name of Federal Candidate: MCMORRIS RODGERS, CATHY, , , Support
Office Sought: House District: 05 State: WA
Calendar Year-To-Date Per Election for Office Sought 1216.90
Disbursement For: General 2018

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Rossi, Dino-Voter Calls
Category/Type 004
Name of Federal Candidate: ROSSI, DINO, , , Support
Office Sought: House District: 08 State: WA
Calendar Year-To-Date Per Election for Office Sought 2657.74
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 437.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , ,

[Electronically Filed]

Date

12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Miller, Carol-Voter Calls
Category/Type 004
Name of Federal Candidate: MILLER, CAROL DEVINE, , ,
Support Oppose Office Sought: House District: 03 State: WV
Disbursement For: General 2018
Amount 198.16
Transaction ID: SE.13782
Date of Disbursement or Obligation 11/26/2018
Calendar Year-To-Date Per Election for Office Sought 2653.60

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Steil, Bryan-Voter Calls
Category/Type 004
Name of Federal Candidate: STEIL, BRYAN GEORGE, , ,
Support Oppose Office Sought: House District: 01 State: WV
Disbursement For: General 2018
Amount 459.88
Transaction ID: SE.13783
Date of Disbursement or Obligation 11/26/2018
Calendar Year-To-Date Per Election for Office Sought 459.88

(a) SUBTOTAL of Itemized Independent Expenditures 658.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Cockfield, Wayne, , , [Electronically Filed] Date 12/06/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND
FEC IDENTIFICATION NUMBER C C00509893

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

Full Name of Payee Tele-Town Hall
Mailing Address 1001 North 19th St., Ste. 1200
City Arlington State VA Zip Code 22209
Purpose of Expenditure IE-Grothman, Glenn-Voter Calls
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2018
Amount 531.35
Transaction ID: SE.13784
Date of Disbursement or Obligation 11/26/2018

Name of Federal Candidate: GROTHMAN, GLENN S., ,
Support Oppose
Office Sought: House District: 06
President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 1513.53
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

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

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 531.35; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 268278.81

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 12/06/2018
Signature