

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER <b>C</b> C00111278
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Carol Tobias

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Mailing Address  
34 Melcor De Canoncito

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City Cedar Crest	State NM	Zip Code 87008
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Purpose of Expenditure H8NC08042 GOTV Recording	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Rep. Robin Hayes

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Calendar Year-To-Date Per Election for Office Sought	8305.71
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Date  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Amount  
8.00

Transaction ID: EA0F5F385CF134941B23

Office Sought:  House State: NC  
 Senate District: 08  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2006

Full Name (Last, First, Middle, Initial) of Payee  
In Touch Systems

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Mailing Address  
947 Croyden Dr

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City Dayton	State OH	Zip Code 45420
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Purpose of Expenditure S8VA00214 GOTV Calls	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
GEORGE ALLEN

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Calendar Year-To-Date Per Election for Office Sought	141152.40
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Date  
M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Amount  
3614.56

Transaction ID: EC5567D52B70748F197E

Office Sought:  House State: VA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2006

(a) SUBTOTAL of Itemized Independent Expenditures .....	3622.56
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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

Carol Tobias  
Signature

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