

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

National Right to Life Political Action Committee

ADDRESS (number and street)

512 10th Street, N.W.

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00111278

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  
Quarterly 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 (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

1 4

2 0 1 0

through

1 1

2 2

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carol Tobias

Signature of Treasurer

Electronically Filed by Carol Tobias

Date

0 5

2 5

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Right to Life Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	486920.43
(b) Cash on Hand at Beginning of Reporting Period .....	744506.22	
(c) Total Receipts (from Line 19) .....	477042.08	1986457.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1221548.30	2473378.34
7. Total Disbursements (from Line 31) .....	1012901.24	2264731.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	208647.06	208647.06
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	150000.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	28572.74	

☒ 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. 06/2004)

Page 3

Write or Type Committee Name

National Right to Life Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	57547.00	206811.06
(ii) Unitemized .....	350223.52	1708912.79
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	407770.52	1915723.85
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	407770.52	1915723.85
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	1462.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	69271.56	69271.56
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 Transfer (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)) .....	477042.08	1986457.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	477042.08	1986457.91

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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.....	16594.50	118309.67	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	16594.50	118309.67	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9000.00	
24. Independent Expenditure (use Schedule E) .....	987456.74	2100821.61	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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 .....	300.00	1450.00	
(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)) ..... ➤	300.00	1450.00	
29. Other Disbursements.....	8550.00	35150.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	1012901.24	2264731.28	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1012901.24	2264731.28	

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) .....	407770.52	1915723.85
34. Total Contribution Refunds (from Line 28(d)) .....	300.00	1450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	407470.52	1914273.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16594.50	118309.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1462.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16594.50	116847.17

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

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

FOR LINE NUMBER: PAGE 6 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dorothy Abbott

Mailing Address 6201 NW Columbia Ave

City

Lawton

State

OK

Zip Code

73505-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired Civil Service

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: A56549052497D448488C

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Carol Alderete

Mailing Address 2749 N Flower St

City

Santa Ana

State

CA

Zip Code

92706-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miguels Properties, LLC

Occupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: AD27159C8B25240FF935

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Joan Allgaier

Mailing Address 51 Wayne Ave

City

White Plains

State

NY

Zip Code

10606-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A0E3E919D997D478DB9F

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Anders

Mailing Address 495 Blue Eagle Ave

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: A5C4860DB02664222BEF

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dave Anderson

Mailing Address PO Box 1511

City

Blaine

State

WA

Zip Code

98231-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
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  
1 1 / 0 2 / 2 0 1 0

Transaction ID: AB026D2AD0A4947A4B8D

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Louis Arens

Mailing Address 304 Paul St

City

Hartington

State

NE

Zip Code

68739-6083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A5F4AD82A1A954F119ED

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Armin

Mailing Address 35127 Highway Ww

City

Marceline

State

MO

Zip Code

64658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Missouri

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AFB9DE5A4168C45408E0

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Henry Auchstetter

Mailing Address 716 Kelly Dr

City

Rochelle

State

IL

Zip Code

61068-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
2nd Request

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AC83A70C919914375A6F

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Henry Auchstetter

Mailing Address 716 Kelly Dr

City

Rochelle

State

IL

Zip Code

61068-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
2nd Request

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: A97E593401CF345358F4

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan Austin

Mailing Address 2711 N Adler St

City

Tacoma

State

WA

Zip Code

98407-6222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: A853E43C033894FF9B50

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Benjamin Banks

Mailing Address 279 Weatherfield Lane

City

Kernersville

State

NC

Zip Code

27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacore, Inc.

Occupation

Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A12E27135710A4AFDAE0

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Suzan Banks

Mailing Address 279 Weatherfield Lane

City

Kernersville

State

NC

Zip Code

27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A35C55A51325B4716B6D

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ted Barbusinski

Mailing Address 11457 Tree Hollow Ln

City

San Diego

State

CA

Zip Code

92128-5284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: A6A23C06B528042A9BB9

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Walter Barniskis

Mailing Address 3601 Flag Ave N

City

Minneapolis

State

MN

Zip Code

55427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: A31FD24123BAD46A68CC

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Barrett

Mailing Address 835 Columbia Rd

City

Dorchester

State

MA

Zip Code

02125-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AF09959B8FBDA4789888

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Basil

Mailing Address 409 W Providence Rd

City

Aldan

State

PA

Zip Code

19018-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: A0A9BA6BD836D491D8DC

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

B Baumgardner

Mailing Address 4613 Fairmont Dr

City

Troy

State

MI

Zip Code

48085-5035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: A153ECE93A2444C5DABA

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bay

Mailing Address W290N4667 Cold Water Creek

City

Hartland

State

WI

Zip Code

53029-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A7F3E3D0A70BB4A1E883

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Bayer

Mailing Address 7436 Glenvale Dr

City

Omaha

State

NE

Zip Code

68134-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AB23511D9C255403A96A

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

John Beach

Mailing Address 2722 N 10th St Apt 202

City

Sheboygan

State

WI

Zip Code

53083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: AC88B1CC804374711A9A

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Sylvia Jean Bergeron

Mailing Address 18 Duff St

City

Watertown

State

MA

Zip Code

02472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Disabled

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A02EAC1C06CCF4FF4AA5

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sylvia Jean Bergeron

Mailing Address 18 Duff St

City

Watertown

State

MA

Zip Code

02472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Disabled

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: AF3F83FDF8ACB4572BB3

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

James Berry

Mailing Address PO Box 91652

City

Mobile

State

AL

Zip Code

36691-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama State Docks

Occupation

Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: A6D5ED4C4A2FB4E5EBE5

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Birk

Mailing Address 2244 Rivendell Ln

City

Ypsilanti

State

MI

Zip Code

48197-9549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	1	0

Transaction ID: A023E0AEE493B4DE886E

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

480.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Diane Bishop

Mailing Address 8304 Buckeye Dr

City

Henrico

State

VA

Zip Code

23228-3256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: A81A6F4903D474421A3D

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jonathon Bishop

Mailing Address 3223 Virginia Line Rd

City

Berkeley Springs

State

WV

Zip Code

25411-3958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paul Moch - Greenhorn Lab-  
oratory

Occupation

Lab Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A5676F41EB4F442A7A53

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Diane Bishton

Mailing Address 2492 Stanford Way

City

Antioch

State

CA

Zip Code

94531-8263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A20E508F0A8EA481F975

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shirley Bjorgan

Mailing Address 12135 Old Rockford Rd

City

Minneapolis

State

MN

Zip Code

55441-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

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  
1 0 / 2 2 / 2 0 1 0

Transaction ID: AFCCBD0F5CC564B89BE6

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michelle Blackburn

Mailing Address 1414 Heather Dr

City

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: A4CB3E6C7003644DCACD

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Blossfield

Mailing Address 219 Camino Del Postigo

City

Escondido

State

CA

Zip Code

92029-7442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AB678D99EB93245DE87D

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alice Bohl

Mailing Address 5791 26th Ave NE

City

Rugby

State

ND

Zip Code

58368-8100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: AC19BECF61FC04EF1B27

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Esther Bonini

Mailing Address PO Box 121

City

Amawalk

State

NY

Zip Code

10501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: ABE9DEACB1DDB423DA95

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Melissa Bourgeois

Mailing Address 6320 Waterford Dr

City

Brentwood

State

TN

Zip Code

37027-5638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A0C567C2A15CB41D18C7

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Phyllis Bouwman

Mailing Address 5959 141st Ave

City

Holland

State

MI

Zip Code

49423-9375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A36DF90266D32480E8DB

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ruth Boyd

Mailing Address 510 Vista Cv

City

Victoria

State

TX

Zip Code

77904-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A3C6AC7B9D431471ABC1

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David Braun

Mailing Address 1300 6th Ave Apt 110

City

Stevens Point

State

WI

Zip Code

54481-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A968105F241984FDBB34

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Renee Brenengen

Mailing Address 12271 Crestwood Ct

City

Galesville

State

WI

Zip Code

54630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: A30FD52859B95421FACB

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Renee Brenengen

Mailing Address 12271 Crestwood Ct

City

Galesville

State

WI

Zip Code

54630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A976B915C08C44A4CA57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Maria Briggs

Mailing Address 6063 Celilo St

City

Eureka

State

CA

Zip Code

95503-6763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AE5770AC55F6D4E26BC6

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Brooks

Mailing Address 4729 Canaan Lake Dr

City

Kansas City

State

KS

Zip Code

66109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Attorney-at-law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A145B0AFBC34847B1B68

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas Brown

Mailing Address 11445 Cinder Cone Ct

City

Truckee

State

CA

Zip Code

96161-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Computer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: AF7EB899F148845B7938

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Brown

Mailing Address 300 W Lincoln St

City

Sulphur

State

LA

Zip Code

70663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: A8277A11120CC40F5AD2

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joan Brown

Mailing Address 1886 N Blacks Corners Rd

City

Imlay City

State

MI

Zip Code

48444-8813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: ACED0530935E946B4981

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Jenny Bugna

Mailing Address PO Box 2458

City

Mission Viejo

State

CA

Zip Code

92690-0458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saddleback Valley Unified  
School Distr

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A8D1C016BD6CD41198D7

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ramona Burbidge

Mailing Address 11201 W Hollandale Dr

City

Boise

State

ID

Zip Code

83709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: A2BCC3BE98F084F89993

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Burdick

Mailing Address Blessed Theresa of Calcutta

City

Winchester

State

CA

Zip Code

92596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diocese of San Bernardino

Occupation

Catholic Priest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AF2926FD6B86F40D19B5

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Francis Burleigh

Mailing Address PO Box 10

City

Church Point

State

LA

Zip Code

70525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AE36250329DE84E33A17

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Sarah Burnett

Mailing Address 11019 Berry Ln

City

Woodway

State

WA

Zip Code

98020-5262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A472BB884C6594F2C83A

Amount of Each Receipt this Period

700.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Byrd

Mailing Address 609 4th Ave NE

City

Garrison

State

ND

Zip Code

58540-7519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: AF3A5A3862B4C4D9E9B4

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Genevieve Campbell

Mailing Address 39247 Recess Dr

City

Zephyrhills

State

FL

Zip Code

33542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A11DDC037A28B4504AB9

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

William Camp

Mailing Address 101 Antwerp Dr

City

Hicksville

State

OH

Zip Code

43526-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A28082B7CF9EB4A8B813

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cheryl Carson

Mailing Address 270 Shibles Rd

City

Knox

State

ME

Zip Code

04986-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

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  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AABE7174E55E243F9A8B

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Emily Castilla

Mailing Address 7599 Lake Water Dr

City

Cincinnati

State

OH

Zip Code

45242-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: ACC4BEBF27C254EAEAA0

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Emily Castilla

Mailing Address 7599 Lake Water Dr

City

Cincinnati

State

OH

Zip Code

45242-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: AD3FCE64468A64331825

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Lou Cathersal

Mailing Address 6516 N 40th St

City

Tacoma

State

WA

Zip Code

98407-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A6DEFCC84643D4D20B91

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra Chisholm

Mailing Address 2260 Keystone Ranch Rd

City

Dillon

State

CO

Zip Code

80435-8385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired R.N.

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AF761707BF83F4773875

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Clinton

Mailing Address 459 Oakleaf Court

City

Sidney

State

OH

Zip Code

45365-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A5652E43A8BD74C0CA73

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mildred Cochran

Mailing Address 180 Wilbanks Dr

City

Fayetteville

State

GA

Zip Code

30215-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 1 / 1 2 / 2 0 1 0

Transaction ID: AE7D70DA2348841E39A2

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Collins

Mailing Address 145 Fifty Acre Rd S

City

Smithtown

State

NY

Zip Code

11787-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A92E211BE21BE47E9B2B

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Eben Conner

Mailing Address 10937 Big Pool Rd

City

Big Pool

State

MD

Zip Code

21711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Master's Woodshop

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A5C33D79A072D4666903

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Francis Corcoran

Mailing Address 122 Stratford Rd

City

Buffalo

State

NY

Zip Code

14216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R.P. Morrow Associates,  
P.C.

Occupation

Design Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A8187FCBE329B4E259C6

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Francis Corcoran

Mailing Address 122 Stratford Rd

City

Buffalo

State

NY

Zip Code

14216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R.P. Morrow Associates,  
P.C.

Occupation

Design Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: AA9D795A06B0C4EA6B2B

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John Corcoran

Mailing Address 892 Jefferson Way

City

West Chester

State

PA

Zip Code

19380-6910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A0ACF0C76161C4CDBA33

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frances Crummy

Mailing Address 401 6th Ave N #205

City

Fargo

State

ND

Zip Code

58102-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Retired Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A22AB3F21C2284FF0BD6

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Brian Cull

Mailing Address 508 W Michigan Ave

City

Metamora

State

IL

Zip Code

61548-9631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caterpillar, Inc.

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: ABC35046EFBBF4DABA43

Amount of Each Receipt this Period

260.00

**C.**

Full Name (Last, First, Middle Initial)

Peggy Darnall

Mailing Address 109 N 5th St

City

Marlow

State

OK

Zip Code

73055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A38AF6E400E8B4C35BA3

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1010.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Clarence Gene Davis

Mailing Address PO Box 70

City

De Kalb

State

TX

Zip Code

75559-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A5B90C9BC82924A55B26

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Caroline Dietzen

Mailing Address 612 Bonita Ave

City

Saint Louis

State

MO

Zip Code

63119-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Assisted Living Facility Owner/Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: AA43166E77B054E7BABF

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Lester Digman

Mailing Address 7520 Lincolnshire Rd

City

Lincoln

State

NE

Zip Code

68506-1635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: AFDEEB16E33984EABBCE

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stan DiLiberto

Mailing Address 12535 Seal Beach Blvd Ste 220

City

Seal Beach

State

CA

Zip Code

90740-2746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stan DiLiberto, CPA, CFP,  
Inc.

Occupation

CPA & CFP - Tax & Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A7A5CA8A00DB742E0B03

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Marsha Donati

Mailing Address 990 White Dr

City

Santa Clara

State

CA

Zip Code

95051-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AF87876B998DF4254BBB

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Monica Duffe

Mailing Address 2678 104th St

City

Wilton

State

IA

Zip Code

52778-9341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Farmers Market Vendor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A0A2FC8FD4CAC49D0B74

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Dye

Mailing Address 96 Forest Knoll Dr

City

Fenton

State

MO

Zip Code

63026

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: AA7AF256428344FBBF974

Amount of Each Receipt this Period

140.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Eichhorst

Mailing Address 5228 Creighton Dr

City

Saint Louis

State

MO

Zip Code

63123-1706

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
International Leadership  
Network

Occupation

Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: AD5F23FA817824511B64

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Judy Emig

Mailing Address 3420 Mercer Rd

City

New Castle

State

PA

Zip Code

16105

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: A9896901B8FE54693B03

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

365.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Vincent Endres

Mailing Address 520 Raymond Rd

City

Waunakee

State

WI

Zip Code

53597-1583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A08E64B24073A470991B

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Luther Engevik

Mailing Address 12301 447th Ave

City

Eden

State

SD

Zip Code

57232-6218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: A3942B5EBECC444899C8

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Farrar

Mailing Address 11535 Us Highway 83

City

Canadian

State

TX

Zip Code

79014-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 1 / 1 0 / 2 0 1 0

Transaction ID: A7DA4ECC19A8546CFAB6

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marsha Finley

Mailing Address 28080 Moose Range Rd

City

Sycamore

State

IL

Zip Code

60178-8835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barton Community College

Occupation

Online Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: ABE59A3944F214A1A9FE

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Jean Fitzgerald

Mailing Address 18 Ver Planck St

City

Albany

State

NY

Zip Code

12206-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A35F1E2B7E7FC4E508C3

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Leslie KB Forsythe

Mailing Address 693 Robins Gate

City

Akron

State

OH

Zip Code

44319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

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  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A33C0AF5A412340CA83A

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shannon Forthman

Mailing Address 101 Land Grant Dr

City

Simpsonville

State

SC

Zip Code

29681-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

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  
1 1 / 1 5 / 2 0 1 0

Transaction ID: AF74A0676180140E896B

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Fox

Mailing Address 1319 Wildcat Rd

City

Big Stone Gap

State

VA

Zip Code

24219-4449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: AE330F0CBA514411CA81

Amount of Each Receipt this Period

700.00

**C.**

Full Name (Last, First, Middle Initial)

Patrick Franje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ottumwa Regional Health  
Center

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A467811E2D19D4614A2F

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Patrick Franje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ottumwa Regional Health  
Center

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A21256944570248F0BAD

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

William Frazee

Mailing Address 1056 E Brookview Ln

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: ADFAD87A767F14CF0A6D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Cornelia Gallagher

Mailing Address 20 Ashley Drive

City

Newburgh

State

NY

Zip Code

12550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A11E23F0CCAE14DC2AE9

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Judith Gallagher

Mailing Address 3705 Lost Creek Rd

City

Anaconda

State

MT

Zip Code

59711-9270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AB0AB4E3B1BAE4D24888

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Cara Gallegos

Mailing Address 110 Richard Rd

City

Corrales

State

NM

Zip Code

87048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: ADA6F653A3D854867A4D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Elaine Garvelink

Mailing Address 692 W 26th St

City

Holland

State

MI

Zip Code

49423-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A5738CF57CD614BCFA83

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Greg Gerard

Mailing Address PO Box 975

City

Captain Cook

State

HI

Zip Code

96704-0975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: A6659FA1BAC4746699CF

Amount of Each Receipt this Period

850.00

**B.**

Full Name (Last, First, Middle Initial)

William Gilmore

Mailing Address 102 French Ave

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Garvey Transport, Inc.

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: AB84FB1C84766483A9AF

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

William Gilmore

Mailing Address 102 French Ave

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Garvey Transport, Inc.

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: AAD4EA291EEDD4F3FB09

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) .....

1275.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tina Glenn

Mailing Address 17 Edward Dr

City

Concord

State

NH

Zip Code

03301-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: A8AEE9B10EC794172853

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Margaret Glynn

Mailing Address PO Box 901

City

Conrad

State

MT

Zip Code

59425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: AACB68C1E110144B284A

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Eileen Gratzner

Mailing Address 237 Sagamore Hills Dr

City

Prt Jeff Sta

State

NY

Zip Code

11776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
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
1	0	/	2	1	/	2	0	1	0

Transaction ID: A8B611B19CDE04B47B84

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marie Green

Mailing Address 4840 15th Ave S

City

Seattle

State

WA

Zip Code

98108-1854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seattle Public Schools

Occupation

Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AB9116365721349118A5

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Marie Green

Mailing Address 4840 15th Ave S

City

Seattle

State

WA

Zip Code

98108-1854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seattle Public Schools

Occupation

Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: AB2C9A44060E84110875

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Stanley Greer

Mailing Address 3847 Chain Bridge Rd

City

Fairfax

State

VA

Zip Code

22030-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A335FEFD FECD34936B87

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Phyllis Grosskurth

Mailing Address 634 Saginaw Ave

City

Calumet City

State

IL

Zip Code

60409-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A850674A02F7D4F15A4C

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Karl Grothues

Mailing Address 921 Teakwood Ave

City

La Habra

State

CA

Zip Code

90631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: AB586B7BEB3E442D7A56

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeanie Gueretta

Mailing Address 1333 13 3/10 Rd

City

Loma

State

CO

Zip Code

81524-8704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. department of Energy

Occupation

Program Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

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

Transaction ID: A2E777C081F614013AF0

Amount of Each Receipt this Period

166.00

**SUBTOTAL** of Receipts This Page (optional) .....

366.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jessica Gum

Mailing Address 405 Kendall Pkwy

City

Boerne

State

TX

Zip Code

78015-8358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A0A409C2926B547E59CF

Amount of Each Receipt this Period

57.00

**B.**

Full Name (Last, First, Middle Initial)

Peter Hafner

Mailing Address 218 12th Ave S

City

Onalaska

State

WI

Zip Code

54650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A4A43B21F561F44D2B4B

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Hafner

Mailing Address 218 12th Ave S

City

Onalaska

State

WI

Zip Code

54650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AE1ED0579B51F4D9D88A

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ben Hall

Mailing Address 704 S Chestnut St

City

Harrison

State

AR

Zip Code

72601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: A9B53FF0B6D8046AA9A8

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Marilyn Hamrick

Mailing Address 30156 Roan Dr

City

Warren

State

MI

Zip Code

48093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: AB08B095167064177B78

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Helen Hart

Mailing Address 3125 Smith Rd Apt 608

City

Fairlawn

State

OH

Zip Code

44333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: A703F916C08B0477AA2B

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Hart

Mailing Address 1035 Beechtree Rd

City

Falls Creek

State

PA

Zip Code

15840-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reliant Energy

Occupation

Central Control Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: AE079796B2EAA4DCC81A

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Judith Hauff

Mailing Address 1227 Pine St

City

Glenview

State

IL

Zip Code

60025-2951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: AD1B2E964F293430A9CF

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Helget

Mailing Address 26857 120th St

City

Comfrey

State

MN

Zip Code

56019-4140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: ABF6F8D4761444C55A64

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Henry

Mailing Address 1745 Marseille Ln

City

Roseville

State

CA

Zip Code

95747-5094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: AB0288078E2F44DDDB25

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dolores Hight

Mailing Address 168 Apple Tree Dr

City

Clinton

State

TN

Zip Code

37716-6083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

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  
1 0 / 2 6 / 2 0 1 0

Transaction ID: A41561E60F83F4B2B8B6

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Hillyard

Mailing Address 1436 W Pleasant Run Rd

City

Desoto

State

TX

Zip Code

75115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bilco Corporation

Occupation

Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: A4093E01BA24B42A99E9

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Hiott

Mailing Address 9728 Colburn Culver Rd

City

Sandpoint

State

ID

Zip Code

83864-4705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A65AE36F4D85D455888D

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jimmy Hobbs

Mailing Address 114 Ocean Blvd W

City

Supply

State

NC

Zip Code

28462-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A84BC77D742F64B06B60

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Hoffman

Mailing Address 2894 Adams St

City

Woodbridge

State

VA

Zip Code

22193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A9CAF112F943545C3AD1

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglas Hogan

Mailing Address 1024 Frank Whiteman Blvd

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: A0C7F440D6E5B4F7DBB3

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Catherine Holle

Mailing Address 3605 49th Ave

City

New Salem

State

ND

Zip Code

58563-9458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 1 / 1 2 / 2 0 1 0

Transaction ID: A46B4924C35C44137A82

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Howlin

Mailing Address 1106 Paper Mill Rd

City

Glenside

State

PA

Zip Code

19038-7323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: ACFC6DB756CE949ADB18

Amount of Each Receipt this Period

150.00

**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: PAGE 46 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gloria Huang

Mailing Address 77 Ellsworth Ter

City

Glen Rock

State

NJ

Zip Code

07452-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clark Huang, MD, PC

Occupation

Administrative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: AA5E26439271B4FEFA48

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Hufnagel

Mailing Address 50 McPherson Rd

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: A5BE3D481A1554D7CA0C

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Harry Hull

Mailing Address 134 Mangrove St

City

Pass Christian

State

MS

Zip Code

39571-5448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: A7E172490B950494387E

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Raymond Ide

Mailing Address 45 Conestoga Blvd

City

Lancaster

State

PA

Zip Code

17602-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Bible College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: AB948545EE6954F53932

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Harry Isensee

Mailing Address 5815 Yarwell Dr

City

Houston

State

TX

Zip Code

77096-4817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fitts, Roberts & Lo

Occupation  
Certified Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AF619F802A5634C52B5D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Betty Jacobsen

Mailing Address 5107 N Major Ave

City

Chicago

State

IL

Zip Code

60630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: A97CBA65EABF042C9B2C

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Janusz

Mailing Address 25 Timber Dr Apt 78

City

Clifton

State

NJ

Zip Code

07014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A995770C86B1245D0B07

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Jones

Mailing Address 3232 State 87 NW

City

Backus

State

MN

Zip Code

56435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: AC937FB79A7A340BC9C2

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Deanna Jordi

Mailing Address 420 Nellis Ave

City

Bridgeport

State

AL

Zip Code

35740-6310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: ABFA3C36042B64D58BE4

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paula Joseph

Mailing Address 1038 Oakdale Ave

City

Arcadia

State

CA

Zip Code

91006-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A2A0B00E40FAA402AAD7

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Kane

Mailing Address 1707 Avenue E

City

Sterling

State

IL

Zip Code

61081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: A9EF2D0DF4FCC43618F1

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Stella Kapellen

Mailing Address N1142 Dorn Rd

City

Chilton

State

WI

Zip Code

53014-9616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
2nd Request

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A3157AEE37BD94265BC6

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles Kargleder

Mailing Address 1251 Henckley Ave Apt 207

City

State

Zip Code

Mobile

AL

36609-3015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A7EB7206377A64446997

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Kargleder

Mailing Address 1251 Henckley Ave Apt 207

City

State

Zip Code

Mobile

AL

36609-3015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: A51EB5C08779C48A7A88

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Karrenbrock

Mailing Address 18219 NE 79th St

City

State

Zip Code

Liberty

MO

64068-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boeh Ringer Ingelheim, Inc

Occupation

Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AEC5CDCD3866744BA9CA

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

C Howard Kast

Mailing Address 2552 E Alameda Ave Unit 30

City

Denver

State

CO

Zip Code

80209-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
2nd Request

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: ACA73760D89974A69A66

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Keane

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  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AC5DB022541954ED389E

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charlotte Kennedy

Mailing Address 15111 Glade Dr Apt 3d

City

Silver Spring

State

MD

Zip Code

20906-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A09152844E4614862AFF

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charlotte Kennedy

Mailing Address 15111 Glade Dr Apt 3d

City

Silver Spring

State

MD

Zip Code

20906-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: A252E53C14746456096B

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Phyllis Kissner

Mailing Address 6687 Greenyard Ln Apt B

City

Florissant

State

MO

Zip Code

63033-5323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A8F0CB49F87014C60921

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

William Klein

Mailing Address 2312 Lantern Ln W

City

Mobile

State

AL

Zip Code

36693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: AC664F75D1131474F832

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Vincent Kliegl

Mailing Address 4327 E Indianapolis Ave

City

Fresno

State

CA

Zip Code

93726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: A2C48200A00B344EFAC0

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Margaret Klump

Mailing Address 6305 W Temperance Rd

City

Ottawa Lake

State

MI

Zip Code

49267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A3031D65FA32743BFB54

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Donna Kohn

Mailing Address 6846 NC Hwy 105 S

City

Boone

State

NC

Zip Code

28607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Doll maker- Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A1FCBC96099C544A8AD0

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Agnes Koker

Mailing Address 7212 Crestwood Avenue

City

Jenison

State

MI

Zip Code

49428-8956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AB6F997C8E05E4196913

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Kollmer

Mailing Address PO Box 2

City

Great Barrington

State

MA

Zip Code

01230-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: AC4C130AEA27A4CFDA36

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Leo Kosch

Mailing Address PO Box 37, 17630 N 3rd St.

City

Davey

State

NE

Zip Code

68336-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Catholic Priest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: A3FE643C3AF7F45C8A66

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

325.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Kotlarczyk

Mailing Address 21651 Wagon Rim

City

Wildomar

State

CA

Zip Code

92595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Frances of Rome Cathol-  
ic Church

Occupation

Pastor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A776DA845AB5E48E79E1

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Forrest Krause

Mailing Address W506 Chipmunk Ridge Rd

City

Stoddard

State

WI

Zip Code

54658-9071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gundersen-Lutheran Medical  
Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AD70AA7CECF7044C5834

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Kron

Mailing Address 144 Dehaven Rd

City

Beaver Falls

State

PA

Zip Code

15010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A20A0AA82E250493FB3B

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gloria LaBerg

Mailing Address 107 Harvard St

City

Des Plaines

State

IL

Zip Code

60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 0 / 2 8 / 2 0 1 0

Transaction ID: ACEB6630F2D8B412FB01

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Vern Lahart

Mailing Address 12431 Fallon Rd

City

Manitowish Waters

State

WI

Zip Code

54545-9119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: A14420664C0514A3EBE9

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Lucille Lailhengue

Mailing Address 3616 Palmisano Blvd

City

Chalmette

State

LA

Zip Code

70043-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McMoran Oil & Gas

Occupation

Analyst

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: ADFEA3D31BD3D4681BB1

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Lamp

Mailing Address 2447 Harris Ter

City

Harrisburg

State

PA

Zip Code

17104-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PA Dept of Public Welfare

Occupation

Systems Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: ADFB5B8497AB44C75AEA

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jane Lanctot

Mailing Address 74 Piedmont St

City

San Francisco

State

CA

Zip Code

94117-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A2EE28777272B4EBAB72

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Landrum

Mailing Address 265 Stonebridge Trl

City

Roswell

State

GA

Zip Code

30075-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AE9DCBCAFF1474E1896A

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Lapka

Mailing Address 2273 Bobtail Cutoff Rd

City

Libby

State

MT

Zip Code

59923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: A6F82963F4B8C489E9F9

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Lee

Mailing Address 450 County Road 410

City

Madisonville

State

TN

Zip Code

37354-8918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AE58611442E98405B80F

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Lellingner

Mailing Address 369 Greystone Ct

City

Schaumburg

State

IL

Zip Code

60193-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A91A191359CB9440C95D

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rita Lindow

Mailing Address PO Box 3921

City

Soldotna

State

AK

Zip Code

99669-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: AE7CD240D680B49E3A14

Amount of Each Receipt this Period

215.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Loeken

Mailing Address 13800 SE Somerset Blvd

City

Bellevue

State

WA

Zip Code

98006-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: AC6E471491B0548E1802

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Margo Logan

Mailing Address 1005 Rilma Ln

City

Los Altos

State

CA

Zip Code

94022-1092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A1F8A92193A6140ED999

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dan Lovio

Mailing Address 2015 Tierra Loma Drive

City

Diamond Bar

State

CA

Zip Code

91765-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Finesse Mktg Corp

Occupation

Print Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: AE75967F7CA2C47018B6

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Jerry Lucker

Mailing Address 1030 4th St E

City

Saint Paul

State

MN

Zip Code

55106-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: A37E48E37304A4A88B8A

Amount of Each Receipt this Period

700.00

**C.**

Full Name (Last, First, Middle Initial)

Donna Lee Mack

Mailing Address 382 Stonegate Dr

City

Bozeman

State

MT

Zip Code

59715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: A9F2AA0B199E54ED691F

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1005.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Magner

Mailing Address 55 Clinton Ave Apt 305

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A902352FA192D486AB2A

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Carol Marcinek

Mailing Address 530 Goose Ln

City

Coventry

State

CT

Zip Code

06238-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Connecticut

Occupation  
Court Reporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: A52C6A947833C47DCB26

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dominic Marfisi

Mailing Address 2005 Macklind Ave

City

Saint Louis

State

MO

Zip Code

63110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A994A346D6E6C4E91A6F

Amount of Each Receipt this Period

75.00

**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: PAGE 62 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald Martin

Mailing Address 155 Marilyn Dr Apt 40E

City

Baton Rouge

State

LA

Zip Code

70815-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A0E66CDE4A13946FCB59

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Martin

Mailing Address 373 Plain Rd

City

Greenfield

State

MA

Zip Code

01301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: A3FFB088FACF7460CB7E

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jim McCloskey

Mailing Address 15017 7th Ave

City

Whitestone

State

NY

Zip Code

11357-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSA

Occupation

Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A250629DD182E44E6B03

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Melbourne McCrea

Mailing Address 47148 145th St

City

Twin Brooks

State

SD

Zip Code

57269-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Farm & Ranch

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: A239CFD0AC3354A75A96

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Joe McDonald

Mailing Address 5401 Williamsburg Way

City

Fitchburg

State

WI

Zip Code

53719-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A1FBC9B505B454A67AD0

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Steve McDonough

Mailing Address 1604 Via Tropico

City

Santa Maria

State

CA

Zip Code

93454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: AF61C8F4F381A4E35879

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Ellen McGrath

Mailing Address 5102 Concord Place

City

Carpinteria

State

CA

Zip Code

93013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: AC8E0E4C7BCDE4A76839

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Means

Mailing Address 2204 Abbeywood Rd

City

Lexington

State

KY

Zip Code

40515-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of KentuckyOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: ABB3256468ED14648956

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Frances Meares

Mailing Address 212 Townes Rd

City

Columbia

State

SC

Zip Code

29210-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: AD3D8B8813D4C4E31905

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

350.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frances Meares

Mailing Address 212 Townes Rd

City

Columbia

State

SC

Zip Code

29210-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: A6E080998DCEE4B198DA

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Meister

Mailing Address 4752 Auburn Trace Dr

City

Saint Louis

State

MO

Zip Code

63128-2851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: A5E395214EF6841A78D2

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dan Melia

Mailing Address 326 Siesta Rd

City

Rochester

State

NY

Zip Code

14626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DiPisa Old World Submarine

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A0368854199B74B3BADC

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1785.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy Merriman

Mailing Address 293 Silver Spruce Ln

City

Franklin

State

NC

Zip Code

28734-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nantahala Bank & Trust

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AF8F9C7D800C94FB9AE7

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

John Mertes

Mailing Address 135 N Armour St

City

Wichita

State

KS

Zip Code

67206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None - Retired

Occupation  
Banking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: AC3F24A48D44B4778896

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ted Micke

Mailing Address 1296 Frederick St

City

Cloquet

State

MN

Zip Code

55720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: A01621B83210D48288B9

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Madeline Migura

Mailing Address 2145 County Road 199

City

Hallettsville

State

TX

Zip Code

77964-4125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Postal Service

Occupation

Rural Letter Carrier

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A26B1BF76DA45403CB10

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Milani

Mailing Address 1315 Robynwood Ln

City

West Chester

State

PA

Zip Code

19380-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A8A37B98A9EEA4AEA917

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Doris Miller

Mailing Address 5555 Canyon Crest Dr Apt 3E

City

Riverside

State

CA

Zip Code

92507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 1 / 1 0 / 2 0 1 0

Transaction ID: A689188C025F94911952

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Karen Mitts

Mailing Address 608 Haskin Dr

City

San Antonio

State

TX

Zip Code

78209-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: AD2A75281A581417284C

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Elaine Moczygemba

Mailing Address 452 K D M Ln

City

Hobson

State

TX

Zip Code

78117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Farm & Ranch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A39DFF90130204ECCBF0

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Elaine Moczygemba

Mailing Address 452 K D M Ln

City

Hobson

State

TX

Zip Code

78117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Farm & Ranch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A8E7A2CA6C3984955A77

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shannon Moore

Mailing Address 2077 NE Sawdust Hill Rd

City

Poulsbo

State

WA

Zip Code

98370-9128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A310C105EC5A74179A61

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Mounts

Mailing Address 1713 Hatteras Dr

City

Lexington

State

KY

Zip Code

40504-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A7E6DEE2FCD4F4D22B30

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Mounts

Mailing Address 1713 Hatteras Dr

City

Lexington

State

KY

Zip Code

40504-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: AFB25EEF88A384587951

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joel Mumma

Mailing Address 3081 Essex Pl

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: AD080DAB6A2E44719A74

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Marty Murawski

Mailing Address 3829 Cynthia Dr

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bishop McDowell Regional  
School

Occupation

Teacher

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A1096BE6B972B4837B35

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew Namen

Mailing Address 7742 Watermark Ln

City

Jacksonville

State

FL

Zip Code

32256-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: AB0190270E26E4634869

Amount of Each Receipt this Period

150.00

**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: PAGE 71 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carl Neff

Mailing Address 8187 State Route 43

City

Streetsboro

State

OH

Zip Code

44241-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: AFD2FE7B20FB94F01ABE

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Kathryn Nelson

Mailing Address 4524 Sulgrave Dr

City

Toledo

State

OH

Zip Code

43623-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: A9FDABC63C7B9486BA59

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Neumann

Mailing Address 827 Carillon Dr Unit 220

City

Bartlett

State

IL

Zip Code

60103-4599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A703490E6046C47F9A87

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Debra Nicholas

Mailing Address 25091 W Crabtree Lane

City

Ingleside

State

IL

Zip Code

60041-9565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A68415179E00C4D1BB30

Amount of Each Receipt this Period

115.00

**B.**

Full Name (Last, First, Middle Initial)

Debra Nicholas

Mailing Address 25091 W Crabtree Lane

City

Ingleside

State

IL

Zip Code

60041-9565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: A7ED9BFB55BFE4F06AA7

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Cindy Nichols

Mailing Address 61899 Indian Creek St

City

Lewis

State

IA

Zip Code

51544-5082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: A544966DDEC1F4054B75

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dan Nistler

Mailing Address 1178 County Road M

City

River Falls

State

WI

Zip Code

54022-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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
1	0		2	9		2	0	1	0

Transaction ID: A3C8285AA759F4C05979

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Norton

Mailing Address O N 718 Delano St

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: AF19A54DFA2B648D0AE9

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William Norton

Mailing Address 5001 Pasafino Ct

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: ABF974F54972848418A2

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kent O'Berg

Mailing Address 1508 N 29th St

City

Fort Dodge

State

IA

Zip Code

50501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oberg Freight Co.Occupation  
Trucker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: ABC332E7F47EC4D9FBB4

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rosemary O'Boyle

Mailing Address 11 Sabbath Day Hill Rd

City

South Salem

State

NY

Zip Code

10590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: AF5B5627380C3448087F

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy O'Brien

Mailing Address 52689 Westcreek Dr

City

Macomb

State

MI

Zip Code

48042-2969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General Motors CoprOccupation  
Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: A03C7E1BE509A455F963

Amount of Each Receipt this Period

25.00

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: PAGE 75 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Pace

Mailing Address 3422 Flint Hill Pl

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA

Occupation

Meteorologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A294FF31DB9C54802A17

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

William Palzer

Mailing Address 866 Armstrong Ave

City

Saint Paul

State

MN

Zip Code

55102-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: A0C41C49F10014BF49B6

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Martin Pease

Mailing Address 1669 NW 122nd St

City

Clive

State

IA

Zip Code

50325-8112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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
1	1		0	1		2	0	1	0

Transaction ID: A262564C7449B494288A

Amount of Each Receipt this Period

150.00

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: PAGE 76 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Howard Pettengill

Mailing Address 2015 Canterbury Dr

City

Indialantic

State

FL

Zip Code

32903-4033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: AF7D5F6F13D5841539B3

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Cheryl Phillips

Mailing Address 309 Dickens Dr

City

Macon

State

GA

Zip Code

31210-2172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 0 / 2 7 / 2 0 1 0

Transaction ID: AA4CE496A45D74227996

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Phillips

Mailing Address 15126 E 100th St N

City

Owasso

State

OK

Zip Code

74055-4829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oneok Energy Services

Occupation

Natural Gas Trader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: A4B85E0077930445EA60

Amount of Each Receipt this Period

100.00

**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: PAGE 77 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Pickett

Mailing Address 2318 Buckland Ave

City

Fremont

State

OH

Zip Code

43420-3149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: A65BB864EB0C04EDCB3D

Amount of Each Receipt this Period

149.00

**B.**

Full Name (Last, First, Middle Initial)

John Piegsa

Mailing Address 16610 Castle Fraser Dr

City

Houston

State

TX

Zip Code

77084-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
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  
1 0 / 2 6 / 2 0 1 0

Transaction ID: ADDEA31D0166040939F4

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Phyllis Pitts

Mailing Address 5670 Dewitt Farm Rd

City

Belews Creek

State

NC

Zip Code

27009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: A5F18F92938EC4275B6A

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

284.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Phyllis Pitts

Mailing Address 5670 Dewitt Farm Rd

City

Belews Creek

State

NC

Zip Code

27009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A92568E7B9BE14600BDC

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Joe Pizzo

Mailing Address 26 Avenue Of The Oaks

City

Beaumont

State

TX

Zip Code

77707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: AF8BEFEDD77404DF6879

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Wade Poole

Mailing Address 10110 Ledbury Way

City

Louisville

State

KY

Zip Code

40223-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AE67DA4F667404D00A98

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wade Poole

Mailing Address 10110 Ledbury Way

City

Louisville

State

KY

Zip Code

40223-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: AD540496C3E4E4110A46

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Louis Poppito

Mailing Address 3742 Bernard Dr

City

Wantagh

State

NY

Zip Code

11793-1650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: A7C1D1C9DC2DA46B98C0

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Potter

Mailing Address 717 Wall Rd

City

Spring Lake

State

NJ

Zip Code

07762-2264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: ADF58B2E7880D4D18B48

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Glenna Price

Mailing Address 244 Hugh Thomas Drive

City

Panama City

State

FL

Zip Code

32404-8550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: ADECB8DCADF344F25B4A

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

George Pyros

Mailing Address 5239 Poinsetta Ave

City

Winter Park

State

FL

Zip Code

32792-7231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: AA897F2C77C314D73A19

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Dianne Radford

Mailing Address 2774 King Edward Dr

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 0 / 1 9 / 2 0 1 0

Transaction ID: AC0DC0639F5B44BE1AB5

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dianne Radford

Mailing Address 2774 King Edward Dr

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A4C8B75F9869D4EEB8AD

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Rankin

Mailing Address 147 Gibbs City Rd

City

Iron River

State

MI

Zip Code

49935-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: AC81B90CDE87C45E8BDB

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bernadine Read

Mailing Address 11177 Nobles Chapel Rd

City

Elberfeld

State

IN

Zip Code

47613-9024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A356224557E7646C0BD5

Amount of Each Receipt this Period

175.00

**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: PAGE 82 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Terry Reardon

Mailing Address 655 Saint James Ct

City

Belton

State

MO

Zip Code

64012-2196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 1 0

Transaction ID: A8DA05BEE4BC247D38E9

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Virginia Reasy

Mailing Address 1020 Halsema Rd S

City

Jacksonville

State

FL

Zip Code

32221-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: A0F8B6D66BDB24C98830

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mary Reichmuth

Mailing Address 17835 Steinegul Rd

City

Escalon

State

CA

Zip Code

95320-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: AFAF29598FF6249248B9

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carolyn Rhoades

Mailing Address 2968 Cherry Ln

City

Walnut Creek

State

CA

Zip Code

94597-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AEBA5EF44A49C4427801

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Virginia Richardson

Mailing Address 28 Evergreen Dr

City

Greenville

State

PA

Zip Code

16125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: AF895EFA9FFBF49FD901

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jodi Roberts

Mailing Address RR 1 Box 124

City

Sidney

State

AR

Zip Code

72577-9607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: A4921A7D1195D41EE800

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joe Robinson

Mailing Address PO Box 511

City

Sonoita

State

AZ

Zip Code

85637-0511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: AFB09967A41154D4E8E8

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Randell Robinson

Mailing Address 800 E 14th Ave

City

Winfield

State

KS

Zip Code

67156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A2D6E077D746A4E109D3

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John Roedel

Mailing Address 6312 Pershing Ave

City

Saint Louis

State

MO

Zip Code

63130-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senniger Powers

Occupation

Patent Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: AF20B7997ADEC4A69A44

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Phyllis Rogers

Mailing Address 14865 Harewood Ct

City

Jacksonville

State

FL

Zip Code

32258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: AFB8138E453EF430FB63

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Roggenbuck

Mailing Address 2563 Buhl Rd Rt 3

City

Harbor Beach

State

MI

Zip Code

48441-9803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested-2nd

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: AC63104CB682E4148B06

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Roggenbuck

Mailing Address 2563 Buhl Rd Rt 3

City

Harbor Beach

State

MI

Zip Code

48441-9803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested-2nd

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: ADA01A1B7E5D445C5A81

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Rothermich

Mailing Address 71 Maryknoll Ct

City

Old Monroe

State

MO

Zip Code

63369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: AAC908000DB124D4E8C2

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Rule

Mailing Address 5214 Heath Ave

City

Clarkston

State

MI

Zip Code

48346-3529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A86D495D24DAE47858F0

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Rumbold

Mailing Address 533 County Road 850 E

City

Sparland

State

IL

Zip Code

61565-9388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
2nd Request

Occupation  
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  
1 0 / 2 9 / 2 0 1 0

Transaction ID: A577C5903302B4CDB884

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathleen Ruthemeyer

Mailing Address 2703 Stirrup Ct

City

Minden

State

NV

Zip Code

89423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A9B09317D162E49E8BD6

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Sanda

Mailing Address 414 Roberts Rd

City

Taylors

State

SC

Zip Code

29687-6336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A6617F02E35324B938F6

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Margaret Sartore

Mailing Address 1600 N 33rd Ave

City

Melrose Park

State

IL

Zip Code

60160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proviso Township

Occupation  
Caseworker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: AB078C35DE60944ED918

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frances Saunders

Mailing Address 441 W 20th St

City

Merced

State

CA

Zip Code

95340-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A6CC28B21099F4E10949

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Judy Saunders

Mailing Address 1112 Mountain Rd

City

Kempton

State

PA

Zip Code

19529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AFE475695984A4C7892C

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Judy Saunders

Mailing Address 1112 Mountain Rd

City

Kempton

State

PA

Zip Code

19529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: A14644AF2694B44ADAEB

Amount of Each Receipt this Period

50.00

**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: PAGE 89 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Schmit

Mailing Address 5025 Morgan Ave S

City

Minneapolis

State

MN

Zip Code

55419-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: AFFBAD6A95A774E1D8BF

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Virginia Schneider

Mailing Address 1201 S Catalina Ave, Unit 2

City

Redondo Beach

State

CA

Zip Code

90277-4938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	1	0

Transaction ID: A2EC20F935F9C4EF8A88

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Hugh Schramm

Mailing Address 66 Bluegrass Ave

City

Fort Thomas

State

KY

Zip Code

41075-1520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Librarian

Occupation

Librarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: A61354B202A8C479AA48

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alphonse Schroeder

Mailing Address 227 Willow Bend Dr

City

Columbus Grove

State

OH

Zip Code

45830-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A9F30DDD593A24E24A2A

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Rita Schurger

Mailing Address 40413 N Sunset Ct

City

Antioch

State

IL

Zip Code

60002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A25D6EA213C164596B9C

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Senger

Mailing Address 2031 12th St NW

City

Minot

State

ND

Zip Code

58703-0803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: AE1774F79D86D430D9FE

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dennis Shalz

Mailing Address 1802 S 37th St

City

Saint Joseph

State

MO

Zip Code

64507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A18B87CBE1CBC40D49EC

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Sherbo

Mailing Address 2995 Parfet Dr

City

Denver

State

CO

Zip Code

80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

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  
1 0 / 2 9 / 2 0 1 0

Transaction ID: AD7DBCD79520A416A8E9

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Soto

Mailing Address 4450 E 60th St

City

Maywood

State

CA

Zip Code

90270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: AFBE22CE1E32D4FCBB3A

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Stadler

Mailing Address 4640 Bryan Meadows Ln

City

Waldorf

State

MD

Zip Code

20601-4486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

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  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A9C04BA2C0B0A411586A

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rosalie Stafford

Mailing Address 110 Ridley Ln

City

Decatur

State

GA

Zip Code

30030-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AA23F25C09B1A46FF8F4

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Stangl

Mailing Address 144 Washington Dr

City

West Bend

State

WI

Zip Code

53095-9764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weimer, Bearing and Trans-  
mission

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: A95D7DDE5FD44423D852

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Stark

Mailing Address 1607 Maple St

City

Hastings

State

MN

Zip Code

55033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: A29079ABCE8D14A7A9BA

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ingeborg Stephens

Mailing Address 4373 Owens Rd

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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
1	0	/	2	7	/	2	0	1	0

Transaction ID: A120D350736BA47CA974

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Russell Stone

Mailing Address 5652 Milestrip Rd

City

Canastota

State

NY

Zip Code

13032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: A7F416CD9EE0A4AB09F1

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Storch

Mailing Address 44 Mountain Rest Rd

City

New Paltz

State

NY

Zip Code

12561-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: A09A8F80EA8794E24B75

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Strezo

Mailing Address 1322 W Cornelia Ave

City

Chicago

State

IL

Zip Code

60657-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kuczmanski & Associates

Occupation

Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: A1FF704229EE94724A2E

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Maria Strmecki

Mailing Address 1013 Seminole Hwy

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: A6F57F2CF3D9A450894E

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Phebe Studaker

Mailing Address 2618 W Water St

City

Port Huron

State

MI

Zip Code

48060-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
2nd Request

Occupation

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  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A565B554E55A245C09D3

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ann Studer

Mailing Address PO Box 22

City

Beattie

State

KS

Zip Code

66406-0022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A4FFC9C782D56448B82F

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Edwin Sullivan

Mailing Address 15677 E 1300th Rd

City

Paris

State

IL

Zip Code

61944-8329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: A9A17D41A100D48F68A2

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

E Sykes

Mailing Address 1201 Via Di Salerno

City

Pleasanton

State

CA

Zip Code

94566-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Industrial Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: A86E6E3007DF24261B8B

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Miguel Tamez

Mailing Address 7153 Windbrook Ln

City

Corpus Christi

State

TX

Zip Code

78414-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: AE86D399310AA4B49810

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Sally Taylor

Mailing Address 1806 W 40th Ave

City

Kennewick

State

WA

Zip Code

99337-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: A9FD48C7E1E8D4BDEB08

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

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



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

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

FOR LINE NUMBER: PAGE 97 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marguerite Telnack

Mailing Address 29305 East River Rd

City

Grosse Ile

State

MI

Zip Code

48138-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A0E75B0A917D7496B86E

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Vincent Teuber

Mailing Address 406 5th St W

City

Hastings

State

MN

Zip Code

55033-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A570F15616E2C4506954

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Beverly Ann Thewes

Mailing Address 3032 West Ridge Ct

City

Bloomfield Hills

State

MI

Zip Code

48302-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: A6A21A7E311BD4CB589D

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William Thomas

Mailing Address 1521 SW 13th Dr

City

Boca Raton

State

FL

Zip Code

33486-5310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: A6EA0DD1097A24ED99E4

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Melissa Thompson

Mailing Address 7395 Goldfinch Rd

City

Texarkana

State

TX

Zip Code

75501-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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  
1 0 / 2 8 / 2 0 1 0

Transaction ID: A2C6F40A9B4134708873

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Thorn

Mailing Address 11920 158th Ave NE

City

Redmond

State

WA

Zip Code

98052-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vision Marketing

Occupation

Food Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: AC4ECDBA17F1E46BC972

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

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

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

FOR LINE NUMBER: PAGE 99 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alma Timmer

Mailing Address 290 84th Ave

City

Zeeland

State

MI

Zip Code

49464-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walter's Garden

Occupation

Greenhouse Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A64D4DA8DF4B748D592D

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John Tomasetti

Mailing Address 4508 Wee Burn Trl

City

Raleigh

State

NC

Zip Code

27612-6371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Progress Energy

Occupation

IT Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: A375C747235DC4D9CA67

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Maurice Trial

Mailing Address 10506 Tioga Dr

City

San Antonio

State

TX

Zip Code

78230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: A6A090AD9CBA447F48B4

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vallelonga

Mailing Address RR 1 Box 447A

City

Mount Clare

State

WV

Zip Code

26408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: AEDD2F73D78594E6A9E9

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Garrett Van Giessen

Mailing Address 2417 Hemlock Ave

City

Portage

State

MI

Zip Code

49024-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: A0DEE0A56DD4048D8A01

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Diana Van Rossum

Mailing Address 21855 NE 97th PI

City

Redmond

State

WA

Zip Code

98053-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: AA0BF83BF490045159BF

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Diana Van Rossum

Mailing Address 21855 NE 97th PI

City

Redmond

State

WA

Zip Code

98053-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: A0C8076946FB4436BA99

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Van Slyck

Mailing Address 200 Eleven Ocktock Road

City

Fairfield

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Banker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: AC460E6EC1B7F4A85803

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Vanderschaaf

Mailing Address 1451 Broadview Dr

City

Jenison

State

MI

Zip Code

49428-8542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

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
1	0		2	5		2	0	1	0

Transaction ID: A3ACDEFC286394013960

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenton Vix

Mailing Address 14600 205th Ave SE

City

Sawyer

State

ND

Zip Code

58781-9206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: AE6DFFB0EAD4546B69E5

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

James Walker

Mailing Address 3320 Office Park Dr

City

Dayton

State

OH

Zip Code

45439-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: A2D3208CF21564F09A2A

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Wallace

Mailing Address 8709 Catbriar Ln

City

Orlando

State

FL

Zip Code

32829-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Campus Crusade For ChristOccupation  
IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: ACA9B371916324E9EB4F

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

525.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Watson

Mailing Address 3448 Hadfield Greene

City

Sarasota

State

FL

Zip Code

34235-5170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: A4A7A0C34E24449CEA71

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Weise

Mailing Address 5114 Springfield Ct

City

Westerville

State

OH

Zip Code

43081-4444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: ADF5C293239E547A2BF9

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John Weitzel

Mailing Address 1960 Lucille Ln

City

Saint Cloud

State

MN

Zip Code

56303-0434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: A8C66A0EB7B064B9084B

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional) .....

540.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher Weller

Mailing Address 403 Woodland Rd

City

Madison

State

NJ

Zip Code

07940-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pfiza DVC

Occupation

Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: AB57DBA7CEA9A4084B14

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Westley

Mailing Address 12976 W 78th Cir

City

Arvada

State

CO

Zip Code

80005-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: A50C78207D3384A0288A

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy Wiersema

Mailing Address 2834 James Dr

City

Dyer

State

IN

Zip Code

46311-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: A1A47D7A479EC45FCBBD

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Phoebe Wilhelm

Mailing Address 1807 Rothschild Ln

City

Rockford

State

IL

Zip Code

61107-6104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Subway Jpw, Inc

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: AD807BB316CE640F0A99

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Christine Williams

Mailing Address 2705 Dalkeith Dr

City

Henrico

State

VA

Zip Code

23233-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: ACC36046EB49E45758E1

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Wingard

Mailing Address 819 Silver Creek Rd

City

Saint Marys

State

PA

Zip Code

15857-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kane Community Hospital

Occupation

Lab Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: ADD283B932F21420A9C3

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Witzel

Mailing Address 300 E 14th St

City

Marshfield

State

WI

Zip Code

54449-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: A25AE6A6FDF604D24ABC

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Cheryl Woodall

Mailing Address 1509 Elsa Ln

City

Dallas

State

TX

Zip Code

75217-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

COMPANION?CARE?PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: A09A80BC62FF347998D0

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ron Yost

Mailing Address 18144 720th Ave

City

Albert Lea

State

MN

Zip Code

56007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: AD963A3F2171E4646B64

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

185.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 395

(check only one)

<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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward Zannella

Mailing Address 96 Metropolitan Rd

City

Providence

State

RI

Zip Code

02908-3320

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Community College of RIOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: A7DBC975D116E4278865

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Zeller

Mailing Address 304 Canterbury Rd Apt G

City

Bel Air

State

MD

Zip Code

21014-6411

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: ACE08BBF98EBA4ADA91D

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Zenk

Mailing Address 15770 Saddle Ridge Ln E

City

Granger

State

IN

Zip Code

46530-7001

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Information RequestedOccupation  
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
1	0	/	2	5	/	2	0	1	0

Transaction ID: A556282F198C745339E3

Amount of Each Receipt this Period

100.00

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: PAGE 108 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bernard Ziegler

Mailing Address 13943 Real Quite Court

City

Gainesville

State

VA

Zip Code

20155-3148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: AA582F3A6503B4C24BFF

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Ziegler

Mailing Address 5562 Concord Hill Dr

City

Columbus

State

OH

Zip Code

43213-3503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: AAAE0E708C80C4103B90

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Zimmerman

Mailing Address 130 Jackson Rd

City

Lebanon

State

PA

Zip Code

17042-8893

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

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  
1 1 / 1 2 / 2 0 1 0

Transaction ID: A3C183E9088344EAAA3B

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 395

(check only one)

<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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Zwartjes

Mailing Address 20450 Huebner Rd Apt 11230

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: A383C7911085941F0B95

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

35.00

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

57547.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 / 395

<input 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 checked="" 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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

National Right To Life Committee

Mailing Address 512 10th Street, N.W.

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

69271.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: A41FE3BB242DF49B5A46

Amount of Each Receipt this Period

69271.56

Permitted reimbursement  
by AO 2008-20

SUBTOTAL of Receipts This Page (optional) .....

69271.56

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

69271.56

# **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)

PAGE 111 / 395

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express	<b>Transaction ID:</b> BD8F304AE07984546B13 <b>Date of Disbursement</b>																				
Mailing Address    PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	1	0												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Shipping</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250	Purpose of Disbursement Shipping		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>216.35</td> </tr> </table>	216.35											
City Pittsburgh	State PA	Zip Code 15250																			
Purpose of Disbursement Shipping		<input type="text"/> Category/ Type																			
Candidate Name																					
216.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express	<b>Transaction ID:</b> B2CB6F98B6F6E4C1CB17 <b>Date of Disbursement</b>																				
Mailing Address    PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	1	0												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Shipping</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250	Purpose of Disbursement Shipping		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>984.04</td> </tr> </table>	984.04											
City Pittsburgh	State PA	Zip Code 15250																			
Purpose of Disbursement Shipping		<input type="text"/> Category/ Type																			
Candidate Name																					
984.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Federal Express	<b>Transaction ID:</b> B42F3337DDA17430794E <b>Date of Disbursement</b>																				
Mailing Address    PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	1	0												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Shipping</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250	Purpose of Disbursement Shipping		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00											
City Pittsburgh	State PA	Zip Code 15250																			
Purpose of Disbursement Shipping		<input type="text"/> Category/ Type																			
Candidate Name																					
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**1220.39**

**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)

PAGE 112 / 395

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Melissa Data Corporation

Mailing Address 22382 Avenida Empresa

City Rancho Santa Marga State CA Zip Code 92688-2112

Purpose of Disbursement  
E-Mail List Maintenance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B043FD02336C04D34A51

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

15201.88

**B.**

Full Name (Last, First, Middle Initial)

Real Magnet

Mailing Address 4853 Cordell Avenue

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Press Release Distribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B28AE5DA2BDC34297A68

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

172.23

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

15374.11

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

16594.50



# **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)

PAGE 113 / 395

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald & Lily Schneider

Mailing Address 514 Trinity Dr

City

West Chester

State

PA

Zip Code

19382-5361

Purpose of Disbursement

Refund of Contribution

Candidate Name

Donald & Lily Schneider

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** BDB23F6F4D49C44C4B57

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

National Right To Life Educ. Fund

Mailing Address 512 10th St N. w

City

Washington

State

DC

Zip Code

20004

Purpose of Disbursement

Refund of Contribution Deposited in error

Candidate Name

National Right To Life Educ. Fund

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** BD4D50592584F4C3E901

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

100.00

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

300.00

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

300.00

# **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)

PAGE 114 / 395

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

NRL PAC State Fund

Mailing Address 512 10th Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B975A4AC5B86F478CB9E

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

8000.00

**B.**

Full Name (Last, First, Middle Initial)

NRL PAC State Fund

Mailing Address 512 10th Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B64BA5C3C322D4E2FB80

Date of Disbursement

11 / 12 / 2010

Amount of Each Disbursement this Period

550.00

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

8550.00

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

8550.00

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 115 / 395

FOR LINE 13 OF FORM 3X

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

Transaction ID: C41135A1EFE2C4668B8E

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
National Right To Life Committee

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 512 10th Street, N.W.

City Washington State DC ZIP Code 20004

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
2 8Y Y Y Y  
2 0 0 9

None % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

150000.00

**TOTALS** This Period (last page in this line only) ▶

150000.00

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 116 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for John Hoeven

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

51.18

Transaction ID: D1CFE650598714154A68

Amount Incurred This Period

0.00

Payment This Period

51.18

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Richard Burr

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

220.17

Transaction ID: DF5279E768C534234974

Amount Incurred This Period

0.00

Payment This Period

220.17

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Rand Paul

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

139.12

Transaction ID: D1B9D2FEAB4A841E6B8C

Amount Incurred This Period

0.00

Payment This Period

139.12

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 117 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Kelly Ayotte

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

30.27

Transaction ID: DF80B9F7D476C4B02B80

Amount Incurred This Period

0.00

Payment This Period

30.27

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Carly Fiorina

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

485.31

Transaction ID: D44614E362D4949209B3

Amount Incurred This Period

0.00

Payment This Period

485.31

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Roy Blunt

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

271.16

Transaction ID: DE4A7FB8CBE334FBCB9F

Amount Incurred This Period

0.00

Payment This Period

271.16

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 118 / 395

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU Services

 Nature of Debt (Purpose):  
Mailing for Chuck Grassley

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

165.45

Transaction ID: D8D23CCF3C27E4080828

Amount Incurred This Period

0.00

Payment This Period

165.45

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU Services

 Nature of Debt (Purpose):  
Mailing for Richard Shelby

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

71.97

Transaction ID: DD96E028A0A804159ADD

Amount Incurred This Period

0.00

Payment This Period

71.97

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU Services

 Nature of Debt (Purpose):  
Mailing for Mike Lee

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

25.46

Transaction ID: D4D41282186754FB0B41

Amount Incurred This Period

0.00

Payment This Period

25.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 119 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Tom Coburn

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

83.53

Transaction ID: DD22DF803AEF240E7958

Amount Incurred This Period

0.00

Payment This Period

83.53

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for John Boozman

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

47.31

Transaction ID: D5358D1ABC4A14E129CD

Amount Incurred This Period

0.00

Payment This Period

47.31

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing Dan Coats

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

99.29

Transaction ID: D0127E81253C64786992

Amount Incurred This Period

0.00

Payment This Period

99.29

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 120 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Rob Portman

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

504.63

Transaction ID: DAF48BBED141C42AB97C

Amount Incurred This Period

0.00

Payment This Period

504.63

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Jerry Moran

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

156.83

Transaction ID: D3549E73F4B3C4DA7A8C

Amount Incurred This Period

0.00

Payment This Period

156.83

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Jim DeMint

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

95.29

Transaction ID: D740771F1355C43EB8A0

Amount Incurred This Period

0.00

Payment This Period

95.29

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 121 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Sharron Angle

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

15.64

Transaction ID: D4E48E4DAD5FA42CA8EA

Amount Incurred This Period

0.00

Payment This Period

15.64

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Michael Crapo

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

50.05

Transaction ID: D7994C0FEE56F4BBDA60

Amount Incurred This Period

0.00

Payment This Period

50.05

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Ken Buck

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

157.90

Transaction ID: DAC6558E407FC48EB869

Amount Incurred This Period

0.00

Payment This Period

157.90

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 122 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for John McCain

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

136.45

Transaction ID: D39911778C89040FD847

Amount Incurred This Period

0.00

Payment This Period

136.45

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Pat Toomey

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

466.54

Transaction ID: D90D1CF8D452544F7B95

Amount Incurred This Period

0.00

Payment This Period

466.54

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Johnny Isakson

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

148.67

Transaction ID: D7FAE3D93E9964F45894

Amount Incurred This Period

0.00

Payment This Period

148.67

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 123 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing David Vitter

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

55.06

Transaction ID: D1BE10DC77A5B4782B08

Amount Incurred This Period

0.00

Payment This Period

55.06

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Dino Rossi

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

212.42

Transaction ID: D44276F63CEAA4E658F8

Amount Incurred This Period

0.00

Payment This Period

212.42

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Marco Rubio

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

288.26

Transaction ID: DDBEB6411802445C2BE2

Amount Incurred This Period

0.00

Payment This Period

288.26

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 124 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for John Thune

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

69.69

Transaction ID: D4D349A3079404044BC3

Amount Incurred This Period

0.00

Payment This Period

69.69

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Ron Johnson

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

272.27

Transaction ID: D1FABD6FEF80E4B2A952

Amount Incurred This Period

0.00

Payment This Period

272.27

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Adam Kinzinger

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1820.14

Transaction ID: D833F55792BA74F8983B

Amount Incurred This Period

0.00

Payment This Period

1820.14

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 125 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for John Boozman

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

3000.54

Transaction ID: DCDA14928CDCA4926915

Amount Incurred This Period

0.00

Payment This Period

3000.54

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Roy Blunt

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

26178.35

Transaction ID: DEB6E13A3C6B248E2ABA

Amount Incurred This Period

0.00

Payment This Period

26178.35

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Daniel Webster

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1560.50

Transaction ID: D1B3B9677E1694EEA827

Amount Incurred This Period

0.00

Payment This Period

1560.50

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 126 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Robert T. Schilling

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2707.14

Transaction ID: DDEA71582112B43E39B5

Amount Incurred This Period

0.00

Payment This Period

2707.14

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Andrew Raczowski

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

4704.69

Transaction ID: D416A4BEF025E41A3899

Amount Incurred This Period

0.00

Payment This Period

4704.69

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Bill Young

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1201.01

Transaction ID: DCE590B29166A455B915

Amount Incurred This Period

0.00

Payment This Period

1201.01

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 127 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Sharron Angle

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

10939.87

Transaction ID: D0D91B2598F034146983

Amount Incurred This Period

0.00

Payment This Period

10939.87

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for John Griffin

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

996.35

Transaction ID: D4804867A1AF34A009D1

Amount Incurred This Period

0.00

Payment This Period

996.35

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Tim Walberg

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

5551.37

Transaction ID: DCD414D74A43C404D935

Amount Incurred This Period

0.00

Payment This Period

5551.37

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 128 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Michele Bachmann

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

7479.62

Transaction ID: D9052B28FA7F84107A0E

Amount Incurred This Period

0.00

Payment This Period

7479.62

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Joe Heck

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2275.58

Transaction ID: D052A711A2EEB4EC38A1

Amount Incurred This Period

0.00

Payment This Period

2275.58

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Kelly Ayotte

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2324.23

Transaction ID: D1BC90FD6311F42A19CC

Amount Incurred This Period

0.00

Payment This Period

2324.23

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 129 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Randy Demmer

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

6825.63

Transaction ID: D842E0E79542640068A3

Amount Incurred This Period

0.00

Payment This Period

6825.63

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Steve Womack

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1216.82

Transaction ID: D28245DD6EE1343AAA46

Amount Incurred This Period

0.00

Payment This Period

1216.82

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for William South-  
erland

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2962.95

Transaction ID: DD9927C51860345D5A4D

Amount Incurred This Period

0.00

Payment This Period

2962.95

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 130 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Allen Bernard  
West

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1335.16

Transaction ID: D3D17AAFBA2764ECB8E8

Amount Incurred This Period

0.00

Payment This Period

1335.16

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Frank Guinta

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2324.13

Transaction ID: DF2DFA81BFE9A49D1B67

Amount Incurred This Period

0.00

Payment This Period

2324.13

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Diane Black

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1705.62

Transaction ID: D70060DD132A04E72A10

Amount Incurred This Period

0.00

Payment This Period

1705.62

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 131 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for John Loughlin

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1743.92

Transaction ID: DF10D5903765547F197D

Amount Incurred This Period

0.00

Payment This Period

1743.92

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Jeffrey Perry

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2074.14

Transaction ID: D7C1D72730C874B8A8D3

Amount Incurred This Period

0.00

Payment This Period

2074.14

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Jo Ann Emerson

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1935.42

Transaction ID: DF1F7C9AC087446BEACF

Amount Incurred This Period

0.00

Payment This Period

1935.42

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 132 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Sandy Adams

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1954.80

Transaction ID: DA2767D3A161945199DC

Amount Incurred This Period

0.00

Payment This Period

1954.80

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Marco Rubio

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

64577.90

Transaction ID: DB165C484CFE445FE963

Amount Incurred This Period

0.00

Payment This Period

64577.90

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Pat Toomey

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

69947.14

Transaction ID: D50EA984E0AEA423CAE3

Amount Incurred This Period

0.00

Payment This Period

69947.14

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 133 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Richard Nugent

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2998.21

Transaction ID: D835FD237B07D45828FF

Amount Incurred This Period

0.00

Payment This Period

2998.21

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Justin Amash

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

5623.19

Transaction ID: D87DE387ED458475E937

Amount Incurred This Period

0.00

Payment This Period

5623.19

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Steve Fincher

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1538.74

Transaction ID: DD89AF098BFAE4196910

Amount Incurred This Period

0.00

Payment This Period

1538.74

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 134 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Eric Crawford

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

787.96

Transaction ID: D4082B888F45D4FC1A8E

Amount Incurred This Period

0.00

Payment This Period

787.96

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Dennis Ross

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2482.92

Transaction ID: DAFB8E62EE39B4844A63

Amount Incurred This Period

0.00

Payment This Period

2482.92

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Ann Marie Bue-  
rkle

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

3980.64

Transaction ID: D656FB1D8A9EB4F7CB5A

Amount Incurred This Period

0.00

Payment This Period

3980.64

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 135 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for David Rivera

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

238.08

Transaction ID: D7934AE1545C04CF091A

Amount Incurred This Period

0.00

Payment This Period

238.08

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Tom Reed

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2343.36

Transaction ID: DF5AFE54349704D46B2C

Amount Incurred This Period

0.00

Payment This Period

2343.36

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Andy Barr

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1221.66

Transaction ID: D577798CA514A4F1C911

Amount Incurred This Period

0.00

Payment This Period

1221.66

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 136 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Bill Huizenga

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

274.41

Transaction ID: D6F686D1A20064D2C9BC

Amount Incurred This Period

0.00

Payment This Period

274.41

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Cory Gardner

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1331.04

Transaction ID: D23DCB46313564F498F3

Amount Incurred This Period

0.00

Payment This Period

1331.04

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Scott Rigell

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2042.01

Transaction ID: D87BBB570E79C46A0ACE

Amount Incurred This Period

0.00

Payment This Period

2042.01

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 137 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Scott Tipton

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

1544.92

Transaction ID: D4C21C97E4AA749FC960

Amount Incurred This Period

0.00

Payment This Period

1544.92

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Thomas Marino

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

3667.02

Transaction ID: D6DDBA01A0860497C829

Amount Incurred This Period

0.00

Payment This Period

3667.02

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Michael Fitzpatrick

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2816.89

Transaction ID: D880A438C2C8148DA9F8

Amount Incurred This Period

0.00

Payment This Period

2816.89

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 138 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Ken Buck

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

13663.67

Transaction ID: D45284B518CE2458289E

Amount Incurred This Period

0.00

Payment This Period

13663.67

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Rand Paul

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

18003.92

Transaction ID: DC5C6C932F420483180E

Amount Incurred This Period

0.00

Payment This Period

18003.92

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Mike Kelly

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

3573.30

Transaction ID: DAC3C9E0CC55B440A847

Amount Incurred This Period

0.00

Payment This Period

3573.30

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 139 / 395

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 EU Services

 Nature of Debt (Purpose):  
 Mailing for Pat Meehan

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

3074.65

Transaction ID: D9CD1392B74154B22A78

Amount Incurred This Period

0.00

Payment This Period

3074.65

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 EU Services

 Nature of Debt (Purpose):  
 Mailing for Jim Gerlach

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

3335.17

Transaction ID: D5828BEF6B483473BAAC

Amount Incurred This Period

0.00

Payment This Period

3335.17

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 EU Services

 Nature of Debt (Purpose):  
 Mailing for Marco Rubio

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

581.47

Transaction ID: DA1C83634F17248BAB48

Amount Incurred This Period

0.00

Payment This Period

581.47

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 140 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Todd Lally

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2802.57

Transaction ID: DE066BB0E8EB8430CAC9

Amount Incurred This Period

0.00

Payment This Period

2802.57

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Pat Toomey

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

18927.27

Transaction ID: DEE8D0ABED1FA4EEDB0F

Amount Incurred This Period

0.00

Payment This Period

18927.27

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Keith Fimian

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2214.81

Transaction ID: D13F0645C5F09408C894

Amount Incurred This Period

0.00

Payment This Period

2214.81

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 141 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Joe DioGuardi

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

4987.96

Transaction ID: D9ACD0EECB19945BFB5F

Amount Incurred This Period

0.00

Payment This Period

4987.96

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Kristi Noem

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

8588.82

Transaction ID: D5355DE1C2324436480B

Amount Incurred This Period

0.00

Payment This Period

8588.82

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Kelly Ayotte

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

3462.52

Transaction ID: D66FD9A36FDF24851816

Amount Incurred This Period

0.00

Payment This Period

3462.52

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 142 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Anna Little

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2691.37

Transaction ID: D2CA60C6DE1D240A389B

Amount Incurred This Period

0.00

Payment This Period

2691.37

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Christopher  
Gibson

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2150.28

Transaction ID: DFA3891AD26A8452B94A

Amount Incurred This Period

0.00

Payment This Period

2150.28

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Ryan Frazier

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

656.93

Transaction ID: DFB87EA22356342358E7

Amount Incurred This Period

0.00

Payment This Period

656.93

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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 143 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing Elliott 'Spike'  
Maynard

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

4576.23

Transaction ID: D102F1549B8814DFE87E

Amount Incurred This Period

0.00

Payment This Period

4576.23

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for David Rivera

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

581.47

Transaction ID: D9FAF09BCE163456095D

Amount Incurred This Period

0.00

Payment This Period

581.47

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Lou Barletta

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

2460.25

Transaction ID: D3BEF978A57F34FB4BD0

Amount Incurred This Period

0.00

Payment This Period

2460.25

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**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 144 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Mike Grimm

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

494.36

Transaction ID: D9AFE5E76687C4629A19

Amount Incurred This Period

0.00

Payment This Period

494.36

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for George Philli-  
ps

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DEB0917E0242147AC8F6

Amount Incurred This Period

695.03

Payment This Period

0.00

Outstanding Balance at Close of This Period

695.03

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Morgan Griffi-  
th

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DC584C0B204EA47E9974

Amount Incurred This Period

2625.31

Payment This Period

0.00

Outstanding Balance at Close of This Period

2625.31

**1) SUBTOTALS** This Period This Page (optional).....

3320.34

**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 145 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Robert Gibbs

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D024397CF99724714B13

Amount Incurred This Period

1517.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

1517.10

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Jay Townsend

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D2E4931A411EF4FC7950

Amount Incurred This Period

800.29

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.29

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing opposing Richard  
Blumenthal

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DD9825C11070B4291A6E

Amount Incurred This Period

3139.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

3139.73

**1) SUBTOTALS** This Period This Page (optional).....

5457.12

**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 146 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Steve Stivers

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D5802C12C83F1474588A

Amount Incurred This Period

743.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

743.14

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for for Joe DioGu-  
ardi

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DA3274A82AE004538B45

Amount Incurred This Period

1495.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

1495.33

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Andy Harris

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DDDD9573B419343B0ABD

Amount Incurred This Period

1690.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

1690.93

**1) SUBTOTALS** This Period This Page (optional).....

3929.40

**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 147 / 395

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 EU Services

 Nature of Debt (Purpose):  
 Mailing for Donna Campbell

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D3003776B06B54289B87

Amount Incurred This Period

1419.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

1419.96

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 EU Services

 Nature of Debt (Purpose):  
 Mailing for Rob Portman

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D96767D1D730C48528C0

Amount Incurred This Period

1593.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

1593.32

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 EU Services

 Nature of Debt (Purpose):  
 Mailing for Rob Portman

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D9B63D326E5E34660903

Amount Incurred This Period

2260.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

2260.33

1) **SUBTOTALS** This Period This Page (optional).....

5273.61

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 148 / 395

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU Services

 Nature of Debt (Purpose):  
Mailing for Randy Altschu-  
ler

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DD219D1F12E0E4E9BAF6

Amount Incurred This Period

1553.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

1553.28

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU Services

 Nature of Debt (Purpose):  
Mailing for Robert Hurt

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D7DA611F47DD144CF99D

Amount Incurred This Period

2936.03

Payment This Period

0.00

Outstanding Balance at Close of This Period

2936.03

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU Services

 Nature of Debt (Purpose):  
Mailing for Joseph Cao

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DDBE23A6D437545BC81B

Amount Incurred This Period

1209.06

Payment This Period

0.00

Outstanding Balance at Close of This Period

1209.06

1) **SUBTOTALS** This Period This Page (optional).....

5698.37

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 149 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Rob Portman

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DDB1E081AD62141BCA8A

Amount Incurred This Period

605.63

Payment This Period

0.00

Outstanding Balance at Close of This Period

605.63

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Fran Becker

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D3172A3133CC7488C8DD

Amount Incurred This Period

943.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

943.45

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Joe DioGuardi

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DC2492E3F17FD4393BDD

Amount Incurred This Period

943.35

Payment This Period

0.00

Outstanding Balance at Close of This Period

943.35

**1) SUBTOTALS** This Period This Page (optional).....

2492.43

**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 150 / 395

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Right to Life Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Christine O'D-  
onnell

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: D87869CFE854041C688A

Amount Incurred This Period

1795.85

Payment This Period

0.00

Outstanding Balance at Close of This Period

1795.85

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EU ServicesNature of Debt (Purpose):  
Mailing for Steve Chabot

Mailing Address PO Box 17164

City	State	ZIP Code
Baltimore	MD	21297-1164

Outstanding Balance Beginning This Period

0.00

Transaction ID: DA9045449FDC64DC695F

Amount Incurred This Period

605.62

Payment This Period

0.00

Outstanding Balance at Close of This Period

605.62

1) **SUBTOTALS** This Period This Page (optional).....

2401.47

2) **TOTALS** This Period (last page this line number only).....

28572.74

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

28572.74

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

PAGE 151 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 American Christian Network		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6019 S. Crestline Street		Amount 1800.00	
City State Zip Code Spokane WA 99223		<b>Transaction ID:</b> E423101BFFA194A7C908	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dino Rossi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45078.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 288.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EB0CF9C5C9C62468AA7D	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dan Kapanke		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6149.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2088.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 152 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount 792.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> ED336167A41D0467888E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Elliott Maynard		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		17658.08	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount 1164.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E848E12174CEE4673A52	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Koster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		4369.58	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1956.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	



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

PAGE 153 / 395

FOR LINE 24 OF FORM 3X

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 Commercial Media Sales		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1831 Murray Avenue Suite 216		Amount 4716.00	
City State Zip Code Pittsburgh PA 15217-1656		Transaction ID: EBEF9808ECC014DA7AB4	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Morgan Griffith		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13703.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 1831 Murray Avenue Suite 216		Amount 6580.00	
City State Zip Code Pittsburgh PA 15217-1656		Transaction ID: E0EDC3362CB9A41108F8	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92002.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		11296.00	
(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.			
Carol Tobias Signature		Date MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 154 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1831 Murray Avenue Suite 216		Amount 264.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E76E9C3CFBE234B6FBC5	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Edward Martin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5769.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 1831 Murray Avenue Suite 216		Amount 696.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EF3FC93FAB5C04DFEA56	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36532.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		960.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 155 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1032.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EB90B0B767A1B48AFAC5	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID SCHWEIKERT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">13039.22</div>	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">636.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E6C00BB2F659B4B58BFE	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8617.98</div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1668.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 156 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7764.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E84E43B3E1B0F4B91886 Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">72991.27</div>			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">264.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E440873BC616A41B2BB3 Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Scott Rigell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">7058.56</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8028.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 157 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 1831 Murray Avenue Suite 216		Amount 552.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E9DBC3DC282CB4985A58	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Cory Gardner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8380.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 1831 Murray Avenue Suite 216		Amount 2004.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E0A3C35D52E054D16B9A	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dino Rossi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45078.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2556.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 158 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 27 / 2010</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2712.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E25ABEA45FAE54BDA997	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Demmer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">25028.37</div>			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 27 / 2010</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">684.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E04EC9FB8C20247BE810	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: George Kelly		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">9827.15</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">3396.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 159 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1032.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E482B77B2C6D24713AEA	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ben Quayle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">12513.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">624.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EE2F295F5DEDB4A4193C	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17028.56</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">1656.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

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

PAGE 160 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 600.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E92896CCB1A7349ECBC5	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Michael Mulvaney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6342.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 2893.20	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E7007242F66214D76A6E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kristi Noem		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24442.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3493.20	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 161 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1200.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> ECF59ECE65BBC4470B0F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">55160.54</div>			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1944.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E01F3098A45FE40D6A5A	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Hurt		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">9950.03</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">3144.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1</div> </div>	

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

PAGE 162 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">264.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EA61B3F4D75EF4396A73	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">98110.19</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">588.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E9AA9EEA4483147BAB76	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sean Duffy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8041.56</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">852.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

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

PAGE 163 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 720.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E9EBCDF32DEA44B32A6B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT RANDALL TIPTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9737.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 636.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EE4FEE7B7B369495A8B7	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Reid Ribble		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7028.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1356.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 164 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00111278         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2256.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> ECC700D4E7D7444BDA0C	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: <u>IL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALEXANDER GIANNOULIAS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9994.35</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">468.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E3A9282BBBE284FA78DE	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: <u>NC</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Harold Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4182.63</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2724.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

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

PAGE 165 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 27 / 2010</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">468.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E44EFF7F0D3584FC2BAE	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Boozman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">22586.64</div>			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 27 / 2010</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2340.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E6F72281119DB48C9B22	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">301173.16</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">2808.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 166 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00111278         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5306.40</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E28F276A56F9D4551BBD	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ron Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">93486.90</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1068.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EBAC33397DD6441A9B20	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Andy Barr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5142.08</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">6374.40</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

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

PAGE 167 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 1536.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E469CE2C4CB8344F1BA9	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bill Flores		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7211.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 468.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E91A8C69BFC1344BB98B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bill Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4500.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2004.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 168 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1128.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E6D76A1CA8A1F4321B3B	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Marco Rubio		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">277901.56</div>			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">672.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E19449BD2EC334098B9B	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Richard Burr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">68915.75</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1800.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	



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

PAGE 169 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 840.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EF073B10C4A374B8AAC7	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jamie Herrera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3315.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 1608.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EF90047CF34A24D1E928	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Hultgren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10416.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2448.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 170 / 395

FOR LINE 24 OF FORM 3X

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 Commercial Media Sales		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 1831 Murray Avenue Suite 216		Amount 468.00	
City State Zip Code Pittsburgh PA 15217-1656		Transaction ID: E58C1C95287AF4931BBB	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Eric Crawford		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4830.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 1831 Murray Avenue Suite 216		Amount 600.00	
City State Zip Code Pittsburgh PA 15217-1656		Transaction ID: E224DB8B2D02B4DDC923	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Raul Labrador		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10710.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1068.00	
(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.			
Carol Tobias Signature		Date MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 171 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 204.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> EFF4DD13B111749A8800	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Renee Ellmers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3891.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 1128.00	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E1A38B68F16E84A05B05	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: William Southerland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13843.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1332.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 172 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00111278         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">228.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E4D65CE5849184011B3E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Gibbs		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4044.03</div>			
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 1831 Murray Avenue Suite 216		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">636.00</div>	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E12976747CC074F86A66	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kelly Ayotte		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">19780.11</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">864.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 1</div> </div>	

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

PAGE 173 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Commercial Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1831 Murray Avenue Suite 216		Amount 1880.40	
City State Zip Code Pittsburgh PA 15217-1656		<b>Transaction ID:</b> E276A6D260119491C843	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Brad Zaun		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10895.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 485.31	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E85C9A6B2E36A44C68FF	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/11		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 179335.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2365.71	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 174 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2324.13</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E45C13095E6364339A83	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">8617.98</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">83.53</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E97F9BC8F36484C08B04	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: OK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Tom Coburn, MD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">396.23</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2407.66</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 175 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 3573.30	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E39F154F2F9D04927A98	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: George Kelly		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13400.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 2150.28	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EEEB4992150974B41876	
Purpose of Expenditure Payment for debt entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Chris Gibson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8432.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5723.58	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 176 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 581.47	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E70C7DD9874A74606AA0	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Marco Rubio		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 278483.03		2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address PO Box 17164		Amount 271.16	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EDC39B20202BB409C934	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 60207.25		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		852.63	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	



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

PAGE 177 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 341.55	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E0E782673AA4C4E91B8F	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Stevan Pearce		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5435.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 943.45	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E0AF654C0FBCF4D08990	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Francis Becker		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1918.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		341.55	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 178 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1935.42	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E0894BD3966684F6EAAC	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Jo Ann Emerson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8994.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1743.92	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EB7311EB86E964F70893	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: RI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Loughlin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6536.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3679.34	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 179 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 943.35	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E2FD4201EEB0A4C28B98	
Purpose of Expenditure Mailing		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16639.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2625.31	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EB08E90D84DF349689C0	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Morgan Griffith		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5171.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 180 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1201.01	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E9761A28AABAA4559B05	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Bill Young		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5611.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 288.26	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: EA38B0B697CD14A44BD2	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Marco Rubio		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 187259.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1489.27	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 181 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 946.80	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> ECB791FAA0E4047B8B41	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Francis Becker		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1918.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1705.10	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EA2D3E1659E7A40A7B6A	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Altschuler		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3286.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2651.90	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 182 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 996.35	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E1B0070D7EA6C466E944	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Griffin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5495.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2962.95	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E48B956D614DE42CA862	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: William Southerland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13843.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3959.30	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 183 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2260.33	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: EA6109B3657F242D6957	
Purpose of Expenditure Mailing		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18258.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1553.28	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E9693A5390EEA48749DD	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Altschuler		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3286.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 184 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 69947.14	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E55AF1CC493174BDABDB	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 301173.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 787.96	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E7BC7237B83514BA6BA4	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Eric Crawford		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4830.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		70735.10	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 185 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 5551.37	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EEC6EC0B081AA429499D	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Tim Walberg		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20329.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 660.80	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E13320C3B204B47C7A86	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Steve Chabot		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1300.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		6212.17	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 186 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 2816.89	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EC8336625C1E4414D959	
Purpose of Expenditure Payment for Debt Ent-ry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL G FITZPATRICK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10268.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address PO Box 17164		Amount 504.63	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> ECE96C0A7B2DB4691A1B	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20029.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3321.52	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 187 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 2214.81	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E1BD3DDC105254972962	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KEITH S FIMIAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7773.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address PO Box 17164		Amount 2408.35	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E592B68E162CD4E0F81A	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18258.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4623.16	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 188 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2324.23	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E956E3AE39EFF4217B5E	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kelly Ayotte		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19780.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 25.46	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E5D29E3E118344B52BF7	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: UT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mike Lee		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 280.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2349.69	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 189 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 4576.23	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E811DA12CB1334EFEB42	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Elliott Maynard		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23076.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address PO Box 17164		Amount 2707.14	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E01CBBCF92F6B4E30BBF	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert T Schilling		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14224.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		7283.37	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 190 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 13663.67	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E089B83CCFCD3478AABA	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 105665.88		2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address PO Box 17164		Amount 2936.03	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E35FE2CF36B1241CA88F	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robert Hurt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 5838.97		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		13663.67	
(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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 191 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 1221.66	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E8F78F30F1F9444E6A3E	
Purpose of Expenditure Payment for debt ent-ry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Andy Barr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6363.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address PO Box 17164		Amount 664.15	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E3DF46AF455CC4F7195D	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: George Phillips		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1387.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1885.81	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 192 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1335.16	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E67C1572BA178446F951	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN BERNARD WEST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5859.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 30.27	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EE807374FE7DA4AB7904	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kelly Ayotte		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12241.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1365.43	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 193 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 47.31	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E1A002324F49745CC824	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Boozman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10583.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 660.80	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E3526DFF7A2B74D9B8E2	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19524.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		708.11	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 194 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 274.41	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E1FEE5ADED1A54E8BA58	
Purpose of Expenditure Payment for debt ent-ry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: William Huizenga		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3773.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 494.36	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EC895F81DAB514FC6A78	
Purpose of Expenditure Payment for Debt Ent-ry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Michael Grimm		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1532.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		768.77	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 195 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 220.17	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E7337E15DECC84DCAA81	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Richard Burr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 52449.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1319.75	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E973AED2B161F4A939C5	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14749.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1539.92	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 196 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2883.80	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E773CA26B69464CAF94C	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Hurt		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5838.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 6825.63	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E33AF8FAC5BC540A08D6	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Demmer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25028.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		9709.43	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 197 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3139.73</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EAF71F6709AA14F44858	
Purpose of Expenditure Mailing		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Richard Blumenthal		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6532.83</div> <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4987.96</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E849E128F857148DA85A	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">34831.21</div>	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4987.96</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1</div> </div>	

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

PAGE 198 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 15.64	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E7BC8AC1B48314C0AA17	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 32107.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2482.92	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E91B25CB4BA08472C8D4	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dennis Ross		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10754.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2498.56	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 199 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 237.19	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E29B50254165F47B5A4D	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17113.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 238.08	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E6474CE79C1BA4912905	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: David Rivera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3104.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		475.27	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 200 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 656.93	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E7625A10D4D3F47FD84A	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ryan Frazier		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7569.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 2343.36	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: EE437DD5829C641EAA0F	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Tom Reed		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8689.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3000.29	
(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 MM / DD / YYYY 05 / 25 / 2011	



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

PAGE 201 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 3980.64	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E07AAA7B4D1284703862	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ann Marie Buerkle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13665.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1331.04	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E57083761E11443D29C5	
Purpose of Expenditure Payment for debt entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Cory Gardner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9711.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5311.68	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 202 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1394.00	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E10C80953A50542418B1	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dr. Donna Campbell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2813.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 64577.90	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E1FEBC96BF35647F69CE	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Marco Rubio		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 277901.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		65971.90	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 203 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 2460.25	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E3716B2EE6BA246C8A83	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LOU BARLETTA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9471.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address PO Box 17164		Amount 139.12	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EDB1E3068726E49F395C	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38196.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2599.37	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 204 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">743.14</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E279813B31CBC4613AF1	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve Stivers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1598.22</div>			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">466.54</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EAF5F869FA47F4ACCA6C	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">188545.44</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">466.54</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 205 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 3353.80	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E3DDDED44BACE4E1BB18	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Richard Blumenthal		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6532.83		2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 10939.87	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EF0845068A0944188980	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 55160.54		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		14293.67	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 206 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 69.69	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E0013FBCCE57143F58F0	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: SD <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. John Thune		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 368.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1544.92	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E86E0E096EF5A4125A48	
Purpose of Expenditure Payment for Debt Ent-ry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT RANDALL TIPTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11282.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1614.61	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 207 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 272.27	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E7C9B8DCECCCE4D0FAB4	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ron Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 64010.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1795.85	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EE88D08D266684F13986	
Purpose of Expenditure Mailing		Office Sought: <input type="checkbox"/> House State: DE <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Christine O'Donnell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3861.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		272.27	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 208 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1219.00	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E9A2A61660CDF4125A12	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANH 'JOSEPH' CAO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2447.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1209.06	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E7FB712421E4B4542857	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANH 'JOSEPH' CAO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2447.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1219.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	



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

PAGE 209 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 3000.54	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E8364761CAD734F9E876	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Boozman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22586.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1419.96	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E8EB4404D46014334B5B	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dr. Donna Campbell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2813.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
		<b>[MEMO ITEM]</b>	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3000.54	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 210 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 605.63	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E4E28CCF75D6745BF9A9	
Purpose of Expenditure Mailing		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
19524.62			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 212.42	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EB5F86FF9039D48DC983	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/11		Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dino Rossi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
27945.97			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		212.42	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 211 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1820.14	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E229FDC57DC0445339F7	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Adam Kinzinger		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7709.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2691.37	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EF63C30B332134371AC0	
Purpose of Expenditure Payment for debt entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Anna Little		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8348.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4511.51	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 212 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 3335.17	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E3D8091CEF7A449B8946	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Jim W. Gerlach		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11577.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address PO Box 17164		Amount 1818.00	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E81DCCD4932594A25A34	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW P HARRIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3528.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5153.17	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 213 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 2802.57	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: EE9BDC4063CDB4392B33	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Todd Lally		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11091.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address PO Box 17164		Amount 1705.62	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E9219D3DDDBCF472DBE2	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Diane Black		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10301.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		4508.19	
(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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 214 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 695.03	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EAAB1E348AB834B8688B	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: George Phillips		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1387.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 237.19	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E16189257C6D847CCBD6	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jay Townsend		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17113.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		237.19	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 215 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1587.35	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E230CCF8AD04E47A6A5E	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Gibbs		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3138.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1593.32	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E40372B6BDAE943A1AEC	
Purpose of Expenditure Mailing		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18258.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1587.35	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 216 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 18927.27	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E510B061BBC7F400D9EA	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 320100.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address PO Box 17164		Amount 2998.21	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E81A896EDEE0F4BC7A04	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Richard Nugent		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12754.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		21925.48	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	



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

PAGE 217 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 71.97	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E04741E65AE7045D783F	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input checked="" type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Richard C. Shelby		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 373.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1954.80	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E674735C50BA247B897E	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sandy Adams		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9931.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2026.77	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 218 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1495.33	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: EF74817527DF648C28C6	
Purpose of Expenditure Mailing		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14749.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2042.01	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E82061BD9035C46D699E	
Purpose of Expenditure Payment for Debt Ent-ry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Scott Rigell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9100.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2042.01	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 219 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 8</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8588.82</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E06902D6B51DB411FA59	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kristi Noem		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">33031.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1517.10</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EEB1E09B1D55D4AB5AFB	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Gibbs		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3138.53</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8588.82</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 220 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1994.80	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EF9D56C7A51D14E81BFF	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: DE <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Christine O'Donnell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3861.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 95.29	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E88C7C60BBB6C41B2873	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: SC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Jim DeMint		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 419.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2090.09	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 221 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 821.00	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E78CA37B52552445CB05	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve Stivers		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1598.22		2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 136.45	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E9FEE36E5F7EF45798C5	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sen. JOHN S MCCAIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 502.08		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		957.45	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 222 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26178.35</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> ECA7DA16E2CD64E3C950	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">97846.19</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 8</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3462.52</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E6D965DC353864289AD5	
Purpose of Expenditure Payment for Debt Ent-ry, 10/13/10		Office Sought: <input type="checkbox"/> House State: <u>NH</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kelly Ayotte		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">23242.63</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">29640.87</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 5</div> <div><small>D</small> <small>D</small> 2 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 1</div> </div>	

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

PAGE 223 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2074.14	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> ECDE5ED9FF08E4679AD9	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jeffrey Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11453.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 7479.62	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EC96591BC85094FF2818	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Michele Bachmann		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24171.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		9553.76	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 224 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 4704.69	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: ED3899E7D79D543F196B	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW RACZKOWSKI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15171.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1216.82	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: EDF119AFF3BBC41C0862	
Purpose of Expenditure Payment for Debt Entry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve Womack		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6549.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		5921.51	
(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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 225 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 946.90	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E9D221A6F0DA74782A19	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 16639.46		2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 18003.92	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E0DE007F0A6D648A58F2	
Purpose of Expenditure Payment for Debt Ent-ry, 10/13/10		Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rand Paul		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 90995.19		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		18950.82	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 226 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1538.74	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E2AC14DA9406645DB97C	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve Fincher		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10805.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 99.29	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E0C22780C5AEF4D60858	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/11		Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dan Coats		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12057.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1638.03	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 227 / 395

FOR LINE 24 OF FORM 3X

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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 605.62	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: E9C2B789FB80B4CF2870	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Steve Chabot		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1300.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 165.45	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: EEAF6B25FD01C4F4B950	
Purpose of Expenditure Payment for Debt Ent-ry, 10/13/10		Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Chuck E. Grassley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 560.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		165.45	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 228 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 655.60	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E8D5EDBA9F3964FCFA50	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Townsend		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 14749.21		2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1560.50	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EE62C820D9A034431BDB	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Daniel Webster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 7219.57		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2216.10	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 229 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 51.18	
City Baltimore State MD Zip Code 21297-1164		<b>Transaction ID:</b> E2115515CFC1F444F9E6	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input checked="" type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Hoeven		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6349.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 581.47	
City Baltimore State MD Zip Code 21297-1164		<b>Transaction ID:</b> E92009EC58758407DB4D	
Purpose of Expenditure Payment for debt entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: David Rivera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3686.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		632.65	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 230 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00111278         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 25</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">156.83</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E9F36902AB2D246E6A97	
Purpose of Expenditure Payment for Debt Entry, 9/13/10		Office Sought: <input type="checkbox"/> House State: <u>KS</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jerry Moran		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6304.18</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address PO Box 17164		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">800.29</div>	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E9610CD66D1D44528A88	
Purpose of Expenditure Mailing		Office Sought: <input type="checkbox"/> House State: <u>NY</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jay Townsend		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">14749.21</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 <div style="text-align: center; font-weight: bold;">[MEMO ITEM]</div>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">156.83</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 05</div> <div style="border: 1px solid black; padding: 2px;">D 25</div> <div style="border: 1px solid black; padding: 2px;">Y 2011</div> </div>	

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

PAGE 231 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1479.80	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E48F8EA07F62A469DABB	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18258.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 157.90	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E90E6BB60CC624731980	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67280.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1637.70	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 232 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 55.06	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> ED2F6D00838674BE5BCC	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/11		Office Sought: <input type="checkbox"/> House State: LA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. David Vitter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 339.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 50.05	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EE51E5AE3CB5D4017B35	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: ID <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Mike Crapo		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 329.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		105.11	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 233 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 1690.93	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> ECC36D74A8E6A4D62ADF	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW P HARRIS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2275.58	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E3C785D55755A401D803	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joe Heck		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2275.58	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 234 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 5623.19	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E364AFE4A5B7845D09C5	
Purpose of Expenditure Payment for Debt Ent-ry, 10/11/10		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Justin Amash		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20744.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 148.67	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EEFE6591578946D980A	
Purpose of Expenditure Payment for Debt Ent-ry, 9/13/10		Office Sought: <input type="checkbox"/> House State: GA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Johnny Isakson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 526.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5771.86	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 235 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2526.70	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E2FC0E1CCC24E440DAAE	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Morgan Griffith		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5171.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 3074.65	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> EF1A1C02A1DC9410194B	
Purpose of Expenditure Payment for Debt Ent-ry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10782.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5601.35	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 236 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 EU Services		Date MM / DD / YYYY 11 / 08 / 2010	
Mailing Address PO Box 17164		Amount 3667.02	
City State Zip Code Baltimore MD 21297-1164		<b>Transaction ID:</b> E99EACFEA5F1B41CB892	
Purpose of Expenditure Payment for Debt Entry, 10/13/10		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12861.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee KALI-AM		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 747 E. Green St., 4th Floor		Amount 850.00	
City State Zip Code Pasadena CA 91101-2145		<b>Transaction ID:</b> E120FDCD6B07947D0BCD	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 240226.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4517.02	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 237 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Katz Radio Group		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 125 W. 55th Street		Amount 1100.00	
City State Zip Code New York NY 10019		<b>Transaction ID:</b> E6DB0DF2D89924B07ABD	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92002.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Katz Radio Group		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 125 W. 55th Street		Amount 4250.00	
City State Zip Code New York NY 10019		<b>Transaction ID:</b> E8913C35A75C74D67B48	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55160.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5350.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 238 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Katz Radio Group		Date MM / DD / YYYY 11 / 01 / 2010	
Mailing Address 125 W. 55th Street		Amount 2550.00	
City State Zip Code New York NY 10019		<b>Transaction ID:</b> EE2D0AA6A1E7B4C4AA4C	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Richard Nugent		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15304.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Katz Radio Group		Date MM / DD / YYYY 11 / 01 / 2010	
Mailing Address 125 W. 55th Street		Amount 2550.00	
City State Zip Code New York NY 10019		<b>Transaction ID:</b> E22C8823186B24C1F817	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sandy Adams		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12481.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5100.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 239 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Katz Radio Group		Date MM / DD / YYYY 11 / 01 / 2010	
Mailing Address 125 W. 55th Street		Amount 2550.00	
City State Zip Code New York NY 10019		<b>Transaction ID:</b> E0167F8A5A7DC444D803	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Daniel Webster		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9769.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Katz Radio Group		Date MM / DD / YYYY 10 / 31 / 2010	
Mailing Address 125 W. 55th Street		Amount 1325.00	
City State Zip Code New York NY 10019		<b>Transaction ID:</b> E9B6B31ED7B7944E3852	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ron Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 94811.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3875.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 240 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 KBDB-AM		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1085 E. 2nd St., Ste 1		Amount 190.00	
City State Zip Code Reno NV 89502-1172		<b>Transaction ID:</b> EF8B92F528F6440249BE	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 55160.54		2010	
Full Name (Last, First, Middle, Initial) of Payee Kcbr		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 947 Croyden Dr		Amount 264.00	
City State Zip Code Dayton OH 45420		<b>Transaction ID:</b> E341C0CC73FD441B98AA	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 92002.21		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		454.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	



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

PAGE 241 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 KENO-AM		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 8755 W. Flamingo Rd.		Amount 400.00	
City State Zip Code Las Vegas NV 89147-8667		<b>Transaction ID:</b> EE380E2F73CFA4D769BA	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 55160.54		2010	
Full Name (Last, First, Middle, Initial) of Payee KEZY-AM		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 136 S. Oak Knoll Ave. Suite 202		Amount 500.00	
City State Zip Code Pasadena CA 91101		<b>Transaction ID:</b> ECDCC7CFC5DAD4A12BCA	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 243672.71		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		900.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 242 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Kgre		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 800 8th Ave. Ste 304		Amount 380.00	
City State Zip Code Greeley CO 80631		<b>Transaction ID:</b> ED2081AAB8B904BCC828	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92002.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee KIQI-AM		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 145 NatomaSt.		Amount 2500.00	
City State Zip Code San Francisco CA 94105		<b>Transaction ID:</b> EFEBBFE74A61C4E43930	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 240226.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2880.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 243 / 395

FOR LINE 24 OF FORM 3X

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 Kltt-am		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 2150 W. 29th Ave		Amount 960.00	
City State Zip Code Denver CO 80211		Transaction ID: E5F2A7C54E1D84FC8835	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92002.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee KLTZ-AM		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 136 S. Oak Knoll Ave. Suite 202		Amount 1500.00	
City State Zip Code Pasadena CA 91101		Transaction ID: EF067ED307D334335A85	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 243672.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2460.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 244 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Klvz		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 2821 S. Parker Rd Suite 1205		Amount 800.00	
City Aurora State CO Zip Code 80014		<b>Transaction ID:</b> E19A5B1C53CCA4EFE967	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92002.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Kmx-a-m		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 777 Grant Street, 5th Floor		Amount 500.00	
City Denver State CO Zip Code 80203-3501		<b>Transaction ID:</b> E905EDE389C384531BC6	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92002.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1300.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 245 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 KNRV-AM		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1582 S. Parker Rd. Suite 204		Amount 800.00	
City State Zip Code Denver CO 80231		<b>Transaction ID:</b> EF8FD518C7F214F958BB	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92002.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee KRLV-AM		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1130 E. Desert Inn Rd. Suite 100		Amount 540.00	
City State Zip Code Las Vegas NV 89109		<b>Transaction ID:</b> E7A71AB8BFF21412294C	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55160.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1340.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 246 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 KRVN-FM		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 300 S. Wells Ave.		Amount 1200.00	
City State Zip Code Reno NV 89502-1699		<b>Transaction ID:</b> EF9081BF95C6B465498C	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55160.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee KSDO-AM		Date MM / DD / YYYY 10 / 28 / 2010	
Mailing Address 136 S. Oak Knoll Ave. Suite 202		Amount 600.00	
City State Zip Code Pasadena CA 91101		<b>Transaction ID:</b> E8C210D77E8C045568DF	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 243672.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1800.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 247 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 KSRN-FM		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 1465 Terminal Way, Suite 3		Amount 600.00	
City State Zip Code Reno NV 89502-3200		<b>Transaction ID:</b> E8D5F67BBF3B54FF4927	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 55160.54		2010	
Full Name (Last, First, Middle, Initial) of Payee KWID-FM		Date MM / DD / YYYY 10 / 28 / 2010	
Mailing Address 8755 W. Flamingo Rd.		Amount 2400.00	
City State Zip Code Las Vegas NV 89147-8667		<b>Transaction ID:</b> ED9D89364E2EE49BBA27	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 57560.54		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3000.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 248 / 395

FOR LINE 24 OF FORM 3X

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 KXEQ-AM		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 225 Linden Street		Amount 200.00	
City State Zip Code Reno NV 89502		Transaction ID: E75E6909F94384A099F2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55160.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 261.79	
City State Zip Code Sherman Oaks CA 91403-5339		Transaction ID: EF651688E23F2499C980	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jamie Herrera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2475.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		461.79	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	



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

PAGE 249 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1944.11</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E8167C021451C4BF59A2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: DE <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Christine O'Donnell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
6030.35			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">115.74</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E6B152C0FEC1D4FB5B4D	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Jim W. Gerlach		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
7162.49			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2059.85	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 250 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">429.26</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E0A74BF0A92DF4CACBC3	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve Stivers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">2027.48</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2105.71</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E635F17D54B0845EE9C8	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Lorentz Bruun		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">6713.93</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">2534.97</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 251 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8317.58</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> ECCBBAE2497834266865	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dino Rossi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">37276.05</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EC368EAD65C2947DB8B3	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ben Quayle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9693.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">8517.58</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 252 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1351.80</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E657A39D806BD4A6CB17	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sandy Adams		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7196.53</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">477.53</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E5A5D0C08715F4499AA7	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN BERNARD WEST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">4044.70</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1829.33</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 253 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1172.05</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E5207C22A635E46A8AD4 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">9017.85</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">858.53</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E41933913AB5D487790F Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Charles Djou		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1083.53</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2030.58</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 254 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">758.53</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EBC88A6DB48B648E1AEE	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jeff Denham		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3475.29</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">755.06</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> ED631B4A4C4364453B5F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dr. Donna Campbell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3794.02</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1513.59</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 255 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 955.07	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EF89761B3D0064172B8C	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Brad Zaun		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8744.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1813.60	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E503DC57D6BDA45A7A94	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Diane Black		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8595.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2768.67	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 256 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 858.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E9F2F75D02D8A4DAB88B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: RI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Loughlin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4792.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1184.33	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E6D364CA8BC6F4C81BFC	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Tom Reed		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6346.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2042.86	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 257 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1187.79</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EFD3C023078F84A66A99	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve Womack		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5332.22</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">591.06</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EE92BE693640A4D608C6	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Todd Young		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3092.87</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1778.85</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1</div> </div>	

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

PAGE 258 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 15260 Venture Blvd Suite 500		Amount 377.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E16FF4A4C41E94DCBB0A	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Dan Lungren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3183.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1710.14	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EB48B0E1F65764C66AF4	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bill Flores		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5147.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2087.67	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 259 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4433.81</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E2CAE40E4F1B948F2A1A	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71939.65</div>		2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">858.53</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E6C71E7F425F345CFBD8	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Justin Amash		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12721.16</div>		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5292.34</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 260 / 395

FOR LINE 24 OF FORM 3X

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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 100.00	
City State Zip Code Sherman Oaks CA 91403-5339		Transaction ID: EB43800143F7D4A6D84D	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6628.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1022.54	
City State Zip Code Sherman Oaks CA 91403-5339		Transaction ID: E88ECA87C3D154A9F91A	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ann Marie Buerkle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9684.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1122.54	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 261 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00111278         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3326.23</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E4AA5EC306EF34308AD3	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Paul Gosar		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">12369.32</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2795.72</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EE9B9811B9E9242969F1	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: <u>MI</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: William Huizenga		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3499.47</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6121.95</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 05</div> <div style="border: 1px solid black; padding: 2px;">D 25</div> <div style="border: 1px solid black; padding: 2px;">Y 2011</div> </div>	

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

PAGE 262 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3034.11</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E472BC54DD8DC4CA3B90	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Elliott Maynard		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">12420.08</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">148.27</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E9B5D97A011FD46BD90C	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: David Harmer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3512.42</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">3182.38</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 263 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">429.26</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E363FB73E52504362BED	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Steve Chabot		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1842.26</div>	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">427.05</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E00B87E1ED64343C4901	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL G FITZPATRICK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">6371.62</div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">856.31</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 264 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 858.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EB990302E4EEE4320B76	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KEITH S FIMIAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5558.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 3395.72	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E794585326C274F6E9D2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kristi Noem		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20985.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4254.25	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 265 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1382.11</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E6B693991AD2E4D94917	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Scott Rigell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5708.56</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">758.53</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EC99DF47F86B44482BB2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bill Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3809.58</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">2140.64</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 266 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 2672.12	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EDD6E35B3821C4105836	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mo Brooks		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2691.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 858.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E4F3FD8CA0D534F9B885	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: William Southerland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9531.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3530.65	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 267 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2653.12</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E2E68361C86E5412F9BB	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Jo Ann Emerson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
7058.76			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1717.06</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E81822370108E422CACA	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jeffrey Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
6320.73			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4370.18	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 268 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4249.80</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EBA003FF4BBD940D2B07	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">14162.96</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1020.33</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EAD62C02F38D545FD8B3	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Hoeven		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7369.40</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">5270.13</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 269 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">858.53</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E14E0DF52168840B1BA9	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANH 'JOSEPH' CAO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3530.72</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18005.12</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E90EDD54DC2C9460A9D7	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Marco Rubio		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">207064.34</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">18863.65</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 270 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">429.26</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E4CA5F5F8FBCF419FB0E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Marlin Stutzman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3409.76</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1269.84</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EA345867B8C85465C9DF	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LOU BARLETTA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">6590.87</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1699.10</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 05 / 25 / 2011</div> </div>	

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

PAGE 271 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1813.60	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EDB09EB600E1243E9ACF	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Timothy Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1832.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1058.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E68C270ECDFB248B6814	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Joe Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1058.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2872.13	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 272 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2027.11</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E5B0AD4E17A49468851	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT RANDALL TIPTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">8107.16</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1613.60</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E0913A6E998C94420BF2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW P HARRIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5366.66</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">3640.71</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	



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

PAGE 273 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 477.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E65CA8166D5CB41B796E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Dave G. Reichert		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3107.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 7819.86	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E1D9F53BF2EF749D4A5B	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ron Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 73180.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8297.39	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 274 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">429.26</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E24FAF62EC8314D08B10 Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Ganley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
3604.61			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1020.33</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EAFFE1C3F3E9040E5AF2 Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Richard Berg		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
7046.75			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1449.59	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 275 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 15260 Venture Blvd Suite 500		Amount 477.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E831C99D6FC6A4605883	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Cory Gardner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7828.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 15260 Venture Blvd Suite 500		Amount 824.75	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E202F1F2D9E45403BBF6	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Andy Barr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3546.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1302.28	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 276 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1090.01	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EB149E0D1BE244005A82	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Mullins		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4459.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1287.79	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E4C6BFC2C614847D68EA	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Reid Ribble		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6392.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2377.80	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 277 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">429.26</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> ED01CBFDF86B54C89BD8	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Edward Martin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5049.98</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5998.35</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E7AB893D0C9EE42CA812	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALEXANDER GIANNOULIAS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5998.35</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">6427.61</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 278 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">429.26</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E4578701689D04849A2B Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: John Koster		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2485.58</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">955.07</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E9F4231BF75854298A3A Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Lee Terry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1199.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1384.33</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 279 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2554.10</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EEB534456597A40E4981	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">35448.67</div>	

  

Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1717.06</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E9B7A5B67FB5D47EEB4E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robert Hurt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">8006.03</div>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">4271.16</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

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

Carol Tobias

Signature

Date

MM / DD / YY

05 / 25 / 2011

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

PAGE 280 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1155.07	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EBF2C8C18BE464AB6A22	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Demmer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15490.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 755.07	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E62BF8710CC94460D934	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DAVID SCHWEIKERT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10219.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1910.14	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 281 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">477.53</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E26D69B86259C4966BA9	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ryan Frazier		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
6913.04			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1187.80</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E0CB045A447244678991	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Larry Bucshon		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
4443.61			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1665.33	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 282 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 758.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EEF6E254CC6744FAD801	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Harold Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2955.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 16368.00	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EEEBDB252A9FB48A0945	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 206825.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		17126.53	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 283 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 264.01	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E70FAA0B375DA4218957	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Richard Nugent		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9395.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1994.59	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E56A6DCA39F644A0F871	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sean Duffy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7133.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2258.60	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 284 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 627.05	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E835AF411942E43C38D4	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Cornilles		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7075.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 3164.45	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EE50B494C100E4D92962	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dan Coats		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15447.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3791.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 285 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1382.12</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E2B24C2B095404802A67	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jesse Kelly		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">10105.35</div>		2010	

  

Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">131.22</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E970ACA9A91F74C99938	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: <u>MI</u> <input type="checkbox"/> Senate District: <u>09</u> <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW RACZKOWSKI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">10062.15</div>		2010	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">1513.34</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

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

Carol Tobias

Signature

Date

MM / DD / YY

05 / 25 / 2011

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

PAGE 286 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 429.26	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EB34397387B884ABD992	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Todd Lally		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6489.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 21690.85	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E4543C23A93664A749FB	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221951.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		22120.11	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 287 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1174.27</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EEAFFBCD345AB4533862 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: George Kelly		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">8843.15</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8746.83</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E958D8C9377C847CFA5F Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">47843.27</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">9921.10</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 288 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">429.26</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E538E8901A34E42AFA7B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: William Randall		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">2010.34</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2472.13</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E6AE6C22A3A3F4D819FE	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Morgan Griffith		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">8093.28</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">2901.39</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	



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

PAGE 289 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 5368.82	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E69DC454542B1491780D	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert T Schilling		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11349.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 642.79	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E2DD75925F7304C6C90E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5657.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		6011.61	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 290 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1022.54	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EC7B685F6BD424B738AD	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Eric Crawford		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3574.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 477.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> ED2BC798FCB8D413F944	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joe Heck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9528.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1500.07	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 291 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">890.01</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EF8C18D909D03499EA8A	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Michael Mulvaney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">5742.37</div>	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">642.79</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E65B76FBA2A204468A6C	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Daniel Webster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">5299.07</div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1532.80</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 292 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">329.26</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E85BBE39DD40143A09CD Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: James Renacci		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
4228.48			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">742.79</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E99D61BDBF20A4517A75 Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Dennis Ross		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
7194.98			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1072.05	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 293 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2002.25</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E21C9420530924AA3A30	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Raul Labrador		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9690.04</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1219.08</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EE0B9FE07C8B745B3BFC	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Chris Gibson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5610.06</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">3221.33</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 294 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1917.06</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EAB8BCBBE578E4B5C9C6	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Adam Kinzinger		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5889.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1813.60</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EA013858921BC4F969A3	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Francisco Canseco		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5329.63</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">3730.66</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 05 / 25 / 2011</div> </div>	

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

PAGE 295 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 445.00	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E44B1393302D94FA19E7	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Gibbs		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3696.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 658.53	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E73C767F5409346A6ACE	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Michele Bachmann		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16691.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1103.53	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 296 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 955.07	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E3F7422D8E19F4A77A71	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jeffrey Landry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1180.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 15260 Venture Blvd Suite 500		Amount 1283.09	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E1B547C15A584428BB5F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Michael Pompeo		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4216.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2238.16	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 297 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 15260 Venture Blvd Suite 500		Amount 4189.19	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E7492C05D431C41CDB07	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve Fincher		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9266.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 15260 Venture Blvd Suite 500		Amount 115.74	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E5CBA33E0F11049E4BB4	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Bill Young		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3333.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4304.93	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 298 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">906.80</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E2EFD1D22F3E04EC69E6	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Vidak		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2134.86</div>	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12471.77</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> E45BB10CE4A134DE1A99	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Richard Burr		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">66383.75</div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">13378.57</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 299 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4241.00</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E4BA65D25B5484A9EB51	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kelly Ayotte		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">16819.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">858.53</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EAED972B0665144F3B87	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Hultgren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5928.84</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5099.53</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 300 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4804.89</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E270B64AC6F7A4CACBFD	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Stevan Pearce		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">10465.78</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9879.59</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> ED98D0ECB9B414509953	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">71211.84</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">14684.48</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1</div> </div>	

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

PAGE 301 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 15260 Venture Blvd Suite 500		Amount 10707.41	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E497CBB7AD83D4292B28	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 29171.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 15260 Venture Blvd Suite 500		Amount 429.26	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E4244D5A1AEAD4BEB819	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: David Rivera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2090.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		11136.67	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 302 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">956.31</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EDDFA6F6EB2494401AFD	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jackie Walorski		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4120.98</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2272.13</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E83A32AC5704B4C779BB	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Tim Walberg		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">14202.34</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3228.44</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 303 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8121.71</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> EE3B1E30FA3764A7EBAB	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Boozman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
18818.10			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Sherman Oaks</div> <div>State CA</div> <div>Zip Code 91403-5339</div> </div>		<b>Transaction ID:</b> EB17D4CD4ADD84BB9AD2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kevin Yoder		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
3247.09			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8321.71	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 05 / 25 / 2011</div> </div>	

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

PAGE 304 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3899.18</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> ECDA332033EA740D4B52	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Richard Blumenthal		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11332.01</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">823.85</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E9C5B5E3A230C43209BE	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Steele		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1048.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">4723.03</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	



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

PAGE 305 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1174.26</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E61155CE2D4CB4A71AB2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Billy Long		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1416.54</div>		2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">806.80</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E6DD23B69EA8249A1AD0	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Renee Ellmers		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2586.55</div>		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1981.06</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 306 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">858.53</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E65DFBFDFF43347D6949	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Barela		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9337.56</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">806.80</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> ECC5DA5782D4F4E7CBA2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dan Kapanke		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5541.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1665.33</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1</div> </div>	

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

PAGE 307 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">477.53</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> EC95DAC27DF1C4C23928	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Griffin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">4198.77</div>			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 15260 Venture Blvd Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9477.51</div>	
City State Zip Code Sherman Oaks CA 91403-5339		<b>Transaction ID:</b> E095681D2FB51437CA1D	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">30744.26</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">9955.04</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1</div> </div>	

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

PAGE 308 / 395

FOR LINE 24 OF FORM 3X

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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1077.00	
City Irving State TX Zip Code 75063		Transaction ID: E3EB9764D10AD4A4D8CF	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dennis Ross		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10754.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 2016.00	
City Irving State TX Zip Code 75063		Transaction ID: EE05C532CC628445DB15	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Lorentz Bruun		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8729.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3093.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 309 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1000.08	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EDD909DC7E12A4225B19	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ron Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 93486.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1080.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E822A96EF62164887A14	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Jim W. Gerlach		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8242.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2080.08	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 310 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1077.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E2BA88469AE0A44FCBC2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Bill Young		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5611.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 120.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EC548577432864EADA77	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Gibbs		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4044.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1197.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 311 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 3998.94	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E087D11CDB1DC4BA7BC5	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dino Rossi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45078.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 4035.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E973D76E217A741C088D	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Steele		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5083.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8033.94	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 312 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 405.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E63DD32365519439096F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW RACZKOWSKI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15171.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 5092.56	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> ED8F4231AE94542DDA75	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36532.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5497.56	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 313 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 960.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EB508155A71BF435E989	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW P HARRIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6566.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 420.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E6F9C96D9342544E59BE	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LOU BARLETTA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7010.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1380.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 314 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 300.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E6C8F840E614B413A924	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Griffin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5495.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1860.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E037539C48FD14FA69C7	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Richard Burr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68915.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2160.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 315 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 3059.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EBF083D8F4BBF451F91B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jeffrey Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11453.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1464.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E772357785E374BD6B47	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jesse Kelly		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11569.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4523.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 316 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 2241.60	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E522363514F8D46AD991	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17028.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1821.24	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E74BD582278D841A5ACC	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Dan Lungren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5005.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4062.84	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 317 / 395

FOR LINE 24 OF FORM 3X

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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1101.00	
City Irving State TX Zip Code 75063		Transaction ID: E9AFE0486D06D4786B0E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Renee Ellmers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3891.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 564.00	
City Irving State TX Zip Code 75063		Transaction ID: EF647AEC39DA14F1697B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kristi Noem		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24442.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1665.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 318 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 846.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E621B512FDBBF499CBDF	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 243672.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 320.04	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E5EB26795D4DA48AAB83	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sean Duffy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8041.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1166.04	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 319 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 360.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E7ABA1088C3344C27B1C	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Daniel Webster		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7219.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 894.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E562189C21FC946AD9F6	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Morgan Griffith		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8987.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1254.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 320 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">300.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Irving</div> <div>State TX</div> <div>Zip Code 75063</div> </div>		<b>Transaction ID:</b> E4F0E4813DEA247B7B8B Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: John Boozman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">22586.64</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 8</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">672.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Irving</div> <div>State TX</div> <div>Zip Code 75063</div> </div>		<b>Transaction ID:</b> E703CA24CD7024214927 Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">29843.25</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">972.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	



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

PAGE 321 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1200.00	
City State Zip Code Irving TX 75063		<b>Transaction ID:</b> E407B516FBBF54840868	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Charles Djou		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2283.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1800.00	
City State Zip Code Irving TX 75063		<b>Transaction ID:</b> E57983727FA12412181F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Todd Lally		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8289.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3000.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 322 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1788.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E0893CE8F044845C9BA4	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ben Quayle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12513.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 2832.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E2C58F9A606A340529F9	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Francisco Canseco		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8161.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4620.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 323 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1080.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E95371249AFA04A9D835	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Meehan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7708.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 285.60	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E667AACB8D5B946BD9C3	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Steve Chabot		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2127.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1365.60	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 324 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 27 / 2010</div> </div>	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">396.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Irving</div> <div>State TX</div> <div>Zip Code 75063</div> </div>		<b>Transaction ID:</b> EF8DA20617B1A49BCB09	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Vidak		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2530.86</div>	

  

Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 27 / 2010</div> </div>	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">759.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Irving</div> <div>State TX</div> <div>Zip Code 75063</div> </div>		<b>Transaction ID:</b> E612C55548D014B9C99E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Harold Johnson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">4182.63</div>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">1155.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

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

Carol Tobias

Signature

Date

MM / DD / YY

05 / 25 / 2011

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

PAGE 325 / 395

FOR LINE 24 OF FORM 3X

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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 456.00	
City Irving State TX Zip Code 75063		Transaction ID: EF667C35545C54FEEBD9	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Edward Martin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5505.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 2400.00	
City Irving State TX Zip Code 75063		Transaction ID: EE328B5569C04467B850	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Justin Amash		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20744.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2856.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 326 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1740.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E1BC22737967D4923A06	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALEXANDER GIANNOULIAS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9994.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 2220.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EAB158F85F4B84CC4A5E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Ganley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5824.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3960.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 327 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 300.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E062ECEf3AF4644DB922	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: George Kelly		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9827.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 480.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E1BE5560125854BAE8EB	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN BERNARD WEST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5859.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		780.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 328 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 2880.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E5C46E261A65648CFAAF	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Hultgren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10416.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 576.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E8F06386944C9450F856	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Tim Walberg		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20329.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3456.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 329 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 3384.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E949F8CE58B2E42149D6	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 72991.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 192.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E7552F269642D44778BB	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joe Heck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11996.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3576.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 330 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 220.80	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E5755C5D5DAFA4FD4821	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: William Southerland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13843.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 652.98	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E68CEA76E34774D3CB73	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Dave G. Reichert		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3760.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		873.78	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 331 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">824.04</div>	
City State Zip Code Irving TX 75063		<b>Transaction ID:</b> EEFA7DCDE75864E6AAFF	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dan Coats		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">16271.21</div>			
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1080.00</div>	
City State Zip Code Irving TX 75063		<b>Transaction ID:</b> EED603413F41A48B28E4	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL G FITZPATRICK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7451.62</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1904.04</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>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.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 332 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 176.40	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> ED512ACCD91D84B96A34	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9194.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 420.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EDC1E0CF7E115452F942	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Raul Labrador		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10710.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		596.40	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 333 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 720.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E153B280BEE7D45FB94F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Koster		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4369.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 456.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E49ACCD6565041D4BCE	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 97846.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1176.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 334 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 528.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E99A67DBA3EF540EFA0B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Andy Barr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5142.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 423.60	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E1617020CD19A4A399B1	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Stevan Pearce		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10889.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		951.60	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 335 / 395

FOR LINE 24 OF FORM 3X

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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 776.52	
City Irving State TX Zip Code 75063		Transaction ID: E2909B4B083C24502919	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: David Rivera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3104.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 910.56	
City Irving State TX Zip Code 75063		Transaction ID: E8F49ED291E9044D690F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT RANDALL TIPTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9737.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1687.08	
(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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 336 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1788.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EE0C177C9042D48F3841	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DAVID SCHWEIKERT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13039.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 168.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E056BFC9263744DF0822	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert T Schilling		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14224.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1956.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 337 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1800.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EF3322319A3674389922	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve Stivers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3827.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 222.96	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E82C5451693504F67928	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bill Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4500.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2022.96	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 338 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 117.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EF455CB08423941ACA52	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Hoeven		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7486.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 360.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E8A198935725146D99E1	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Richard Nugent		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12754.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		477.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 339 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">780.00</div>	
City Irving                      State TX                      Zip Code 75063		<b>Transaction ID:</b> EE1F926A8E0424BB7977	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House                      State: FL <input type="checkbox"/> Senate                      District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sandy Adams		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9931.33</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">528.00</div>	
City Irving                      State TX                      Zip Code 75063		<b>Transaction ID:</b> E7EF60158E9F048F8A0E	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House                      State: TX <input type="checkbox"/> Senate                      District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bill Flores		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">7211.18</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1308.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 340 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 10120.08	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E99FCFC96C6C34A33A4F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 301173.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 275.40	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E6FE538EA5769418E920	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jeff Denham		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3750.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		10395.48	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 341 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 192.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> ECB0C0427590D4747830	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55160.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 8678.56	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E05B4EC1657D94E0C802	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92002.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8870.56	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 342 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1536.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E2146D9981CA44725994	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Richard Blumenthal		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12868.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1860.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E758DFF28F70E40B7AA7	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: David Harmer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5372.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3396.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 343 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 840.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E96C24BE1C9D64260AB2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dr. Donna Campbell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4634.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 1086.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EF3CE0D06E5A54F2D840	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Scott Rigell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7058.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1926.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 344 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 4446.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EB28F3018A3C745D8876	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Elliott Maynard		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17658.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 270.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EE8497A82DD1E464DA7A	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Brad Zaun		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10895.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4716.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



[illegible]

### Salem Radio Representatives

6400 North Beltline Rd.

Suite 210Purpose of Expenditure

## Radio Ads

Category/  
Type

Name of Federal Candidate supported or Opposed by expenditure:

Jon Barela

### Calendar Year-To-Date Per Election

11137.56

for Office SoughtFull Name (Last, First, Middle, Initial) of Payee

### Salem Radio Representatives

Mailing Address

6400 North Beltline Rd.

Suite 210Purpose of Expenditure

## Radio Ads

Category/  
Type

Name of Federal Candidate supported or Opposed by expenditure:

Marco Rubio

Calendar Year-To-Date Per Election277901.56for Office Sought

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

6931.32

(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  
0 5

D D  
25

Y Y Y Y  
2011

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

PAGE 346 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 936.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EA96E297E1C894ED18CD	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Paul Gosar		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13305.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 14925.64	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> ED90945CBAA6544CD9B0	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 240226.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		15861.64	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 347 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 824.04	
City State Zip Code Irving TX 75063		<b>Transaction ID:</b> E15D8795ACFDC475DB83	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jackie Walorski		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
4945.02			
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 320.04	
City State Zip Code Irving TX 75063		<b>Transaction ID:</b> E68796E4043E5493FAF8	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dan Kapanke		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
6149.26			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1144.08	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 348 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 117.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> E84F89B7C24DF4F8FAF3	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Richard Berg		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7163.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 444.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EE14402A362F7471F8F3	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Renacci		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4672.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		561.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 349 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 6400 North Beltline Rd. Suite 210		Amount 672.00	
City Irving State TX Zip Code 75063		<b>Transaction ID:</b> EAD88423566954CF5988	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Chris Gibson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6282.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Statenets		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 19711 Harwood Ave		Amount 14000.00	
City Homewood State IL Zip Code 60430		<b>Transaction ID:</b> E9F7B99C70E4D460AAFF	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ron Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 93486.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		14672.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 350 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Statenets		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 19711 Harwood Ave		Amount 11940.00	
City State Zip Code Homewood IL 60430		<b>Transaction ID:</b> E7EE691F643A849BDBFC	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Statenets		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 19711 Harwood Ave		Amount 18000.00	
City State Zip Code Homewood IL 60430		<b>Transaction ID:</b> ED992873DCB4641EFAFF	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		29940.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 351 / 395

FOR LINE 24 OF FORM 3X

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 Statenets		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 19711 Harwood Ave		Amount 14000.00	
City State Zip Code Homewood IL 60430		Transaction ID: E5E275E05BC60409FB39	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 72991.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City State Zip Code Grants Pass OR 97526-3547		Transaction ID: EBC0D2B959A114F3CBAC	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW P HARRIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5366.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		14225.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 352 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EC1E41488C5DC4464B60	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Gibbs		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3696.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E77BEBC42CA154102843	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Harold Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2955.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		225.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 353 / 395

FOR LINE 24 OF FORM 3X

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 Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 450.00	
City Grants Pass State OR Zip Code 97526-3547		Transaction ID: EA5C252AE42124699AB9	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Raul Labrador		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9690.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		Transaction ID: E1C450F430E3C4D2D933	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: DE <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Christine O'Donnell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6030.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		675.00	
(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.			
Carol Tobias Signature		Date MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 354 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City State Zip Code Grants Pass OR 97526-3547		<b>Transaction ID:</b> EF735C65E73AA45548E2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jeffrey Landry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1180.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City State Zip Code Grants Pass OR 97526-3547		<b>Transaction ID:</b> E15190BD3A4BE4506B30	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Stevan Pearce		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10465.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		450.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 355 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EE09303EA1316454283B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Michele Bachmann		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16691.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EC22982C2477E45C79CA	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joe Heck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9528.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		337.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 356 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E3745F91ECD2440149E6	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Dave G. Reichert		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3107.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EE8B1740EDC354FEDA62	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ann Marie Buerkle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9684.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		337.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 357 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E20E5E43382664F36980	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DAVID SCHWEIKERT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10219.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 1350.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E9011305B31D042739AC	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ron Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 73180.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1575.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 358 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">225.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> E06B0F4420BD846FA814 Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: William Huizenga		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3499.47</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">112.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> E5CF47E3A083F4DB780E Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Todd Lally		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6489.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">337.50</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 359 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">225.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> E92AF39B8C8454B14B4A Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: John Michael Mulvaney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
5742.37			
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">112.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> EB37878B3B2044EAF9B3 Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: John Griffin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
4198.77			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		337.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 360 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E77E550A47CB141A5993	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Richard Nugent		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 9395.98		2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> ED1E6AE5EA20D4125AB4	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Billy Long		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1416.54		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		337.50	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	



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

PAGE 361 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EB4D3124EF60F498AA12	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Renacci		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4228.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E9BCD904C13DE43EBA12	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN BERNARD WEST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4044.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		225.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 362 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E2CDF334BA25C41E6927	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Steele		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1048.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 675.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EC707FAC3E3AA49B98D6	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14162.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		900.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 363 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E83A3D2A258FF4F84998	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Larry Bucshon		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4443.61		2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 450.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EB0C19720E0B84CEF88F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robert Hurt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8006.03		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		562.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 364 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EEF7B217C6F684C4EA74	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LOU BARLETTA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6590.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EC74305958C2A44D8BF0	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Vidak		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2134.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		337.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 365 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EF77F577F1130479B937	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Dan Lungren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3183.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 337.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E28A6B5E0D0D94BA594F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Jo Ann Emerson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7058.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		450.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 366 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E560F071295B543DE9AE	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Barela		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9337.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EAC87D01E6F3649D9814	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Lee Terry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1199.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		450.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 367 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 2925.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EE2913BCAD5C7439998B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221951.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EB9BF0A45B1F2422CB69	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bill Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3809.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3037.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 368 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">337.50</div>	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E8DA5D0381E014218816	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kelly Ayotte		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
16819.88			
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">225.00</div>	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> ED3952EFC70514674A6A	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KEITH S FIMIAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
5558.68			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">562.50</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 05</div> <div style="border: 1px solid black; padding: 2px;">D 25</div> <div style="border: 1px solid black; padding: 2px;">Y 2011</div> </div>	



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

PAGE 369 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E0A47ED85709C42F681A	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sean Duffy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7133.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> ED39CBEB0090F493CBBA	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Charles Djou		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1083.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		450.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 370 / 395

FOR LINE 24 OF FORM 3X

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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		Transaction ID: E96EB093E7D0744C0929	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5657.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		Transaction ID: E4E96BCCC1965401BA29	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Reid Ribble		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6392.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		225.00	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 371 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00111278</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">112.50</div>	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> ECAB813DE936B433DBF5	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Boozman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18818.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">225.00</div>	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E4A2DECACBC0444D886D	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ken Buck		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71939.65</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">337.50</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

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

PAGE 372 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EB37AB8074E4F4529B19	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sandy Adams		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7196.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 1125.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EDC89CB9082CB4DA28B3	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 71211.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1237.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 373 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E61B81AE98C594C83804	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dan Kapanke		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5541.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> ED9C05BE5F635457987F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT RANDALL TIPTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8107.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		225.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 374 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E4C5BF94D1AB744888E9	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Ganley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3604.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E937199D7E44E4F2B858	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Tom Reed		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6346.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		450.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 375 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City State Zip Code Grants Pass OR 97526-3547		<b>Transaction ID:</b> EC0EC5109F2DA4C21B90	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dan Coats		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15447.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 1237.50	
City State Zip Code Grants Pass OR 97526-3547		<b>Transaction ID:</b> E161AABD064574CA398C	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30744.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1462.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 376 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EDBAB4A37EFF84CCFAEC	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Lorentz Bruun		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6713.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 450.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E49D2143C7F7A44C5B83	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Hultgren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5928.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		675.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 377 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EB1342401BB9B437E84F	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bill Flores		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5147.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E619AB21C3C584ACBBE8	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Bill Young		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3333.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		337.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 378 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E81D09A105ED24AEDA79	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Marino		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9017.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 450.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E88BE42C2773744BCADC	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Morgan Griffith		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8093.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		562.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 379 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 450.00	
City State Zip Code Grants Pass OR 97526-3547		<b>Transaction ID:</b> E77BDE9BE9FB84472B70	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kristi Noem		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
20985.48			
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City State Zip Code Grants Pass OR 97526-3547		<b>Transaction ID:</b> E653EE846C8C6450E9A0	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Marlin Stutzman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
3409.76			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		562.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 380 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E57356507A4F44BADB26	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Tim Walberg		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14202.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 1462.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E2D8D226012CA43DCA85	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Richard Burr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 66383.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1687.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 381 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EBCF1E365104B4485B82	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jeff Denham		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3475.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E0C40270C32AF4516BCD	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Adam Kinzinger		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5889.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		337.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 382 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E6A98DDEA2AA54024835	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: George Kelly		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8843.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 450.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E7510438641DF47CDBB1	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert T Schilling		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11349.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		562.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 383 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E3EF797B3661240D1813	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jesse Kelly		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10105.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EBC6DA4FBD4004D99A42	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANH 'JOSEPH' CAO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3530.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		450.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 384 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E82027602C69A4953904	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Edward Martin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5049.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E48EE37DFE70F447DB10	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Steve Chabot		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1842.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		225.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	



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

PAGE 385 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">112.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> E8F6508E1B99347B29FE Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Andy Barr		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3546.08</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">787.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> ECF4512B4E4994E5A823 Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">35448.67</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">900.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 386 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 1012.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E9C7AE46F4DF04399971	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dino Rossi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 37276.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 225 NE Hillcrest Dr.		Amount 1350.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E6140C3A78B824451AC5	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph DioGuardi		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 29171.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2362.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 MM / DD / YYYY 05 / 25 / 2011	

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

PAGE 387 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EDB74E689C9BC4700A93	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul Gosar		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 12369.32		2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E68BA0ED6F0304068A8B	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Jean Schmidt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 112.50		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		337.50	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 388 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 450.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EC830F0FAE4FA449C87A	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Francisco Canseco		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5329.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 1912.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E49F8218F8A43459796A	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 206825.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2362.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 389 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">225.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> ED742C45545DC441FAC7 Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Steve Fincher		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
9266.86			
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2010</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">900.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> E7AED60E760964BA6810 Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
47843.27			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1125.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>05 / 25 / 2011</div> </div>	

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

PAGE 390 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E6AC5E90B6D62408BA70	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dr. Donna Campbell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3794.02		2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 112.50	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E512BD44773AB43CCAA2	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ryan Frazier		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6913.04		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		337.50	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	

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

PAGE 391 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">225.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> E01E16AC61F414ECCAB6 Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Jeffrey Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6320.73</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</div> </div>	
Mailing Address 225 NE Hillcrest Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1800.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Grants Pass</div> <div>State OR</div> <div>Zip Code 97526-3547</div> </div>		<b>Transaction ID:</b> E6F4757C38136493F965 Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Marco Rubio		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">207064.34</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">2025.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1</div> </div>	

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

PAGE 392 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 900.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> EC35E069B2C7C4B35858	
Purpose of Expenditure Radio Ads		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Richard Blumenthal		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11332.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E56D6E1C13DD14ACD909	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Michael Pompeo		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4216.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1125.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	



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

PAGE 393 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E9E581346E3C24684BAB	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert Cornilles		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7075.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City Grants Pass State OR Zip Code 97526-3547		<b>Transaction ID:</b> E0D737B45680548FC803	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Scott Rigell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5708.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		450.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 394 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 Talk Radio Network		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 225 NE Hillcrest Dr.		Amount 225.00	
City State Zip Code Grants Pass OR 97526-3547		<b>Transaction ID:</b> E54FF532DCCB441D2B95	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: RI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John Loughlin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4792.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Wkdi-am		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 24580 Station Rd		Amount 240.00	
City State Zip Code Denton MD 21629		<b>Transaction ID:</b> E075FD4DCDB234F43B4D	
Purpose of Expenditure Radio Ads		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW P HARRIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6566.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		465.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 5 / 2 5 / 2 0 1 1	

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

PAGE 395 / 395

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 WVKM-FM		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 156 Radio Hill		Amount 842.40	
City McCarr		<b>Transaction ID:</b> ECBE444CFB1744B5C8BD	
State KY		Office Sought: <input checked="" type="checkbox"/> House State: WV	
Zip Code 41544		<input type="checkbox"/> Senate District: 03	
Purpose of Expenditure Radio Ads		<input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Elliott Maynard		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		<input type="checkbox"/> Other (specify) : _____ 2010	
18500.48			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	842.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	987456.74

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  
0 5 / 2 5 / 2 0 1 1