

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

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

Full Name (Last, First, Middle, Initial) of Payee  
National Right To Life Committee

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Mailing Address  
512 10th Street, N.W.

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City Washington	State DC	Zip Code 20004
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Purpose of Expenditure H4NC05138 Ad	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
VERNON L ROBINSON

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Calendar Year-To-Date Per Election for Office Sought	199.00
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Date  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Amount  
199.00

Transaction ID: E6B5440652A424018850

Office Sought:  House State: NC  
 Senate District: 13  
 Presidential

Check One:  Support  Oppose

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

Full Name (Last, First, Middle, Initial) of Payee  
Eu Services

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Mailing Address  
P.O. Box 75241

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City Baltimore	State MD	Zip Code 21275-5241
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Purpose of Expenditure S8VA00214 Postage	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
GEORGE ALLEN

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Calendar Year-To-Date Per Election for Office Sought	51975.83
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Date  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Amount  
17034.25

Transaction ID: E94EAD483AEEA4893B7A

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

Check One:  Support  Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	17233.25
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

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

Carol Tobias  
Signature

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