

# 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

Mailing Address  
512 10th Street, N.W.

City State Zip Code  
Washington DC 20004

Purpose of Expenditure Category/Type  
H8NC11038 Ad

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLES H TAYLOR

Calendar Year-To-Date Per Election for Office Sought 199.00

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

Amount  
199.00

Transaction ID: E3B9700D3B2BE4A10BA8

Office Sought:  House State: NC  
 Senate District: 11  
 Presidential

Check One:  Support  Oppose

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

Full Name (Last, First, Middle, Initial) of Payee  
Kbll-am

Mailing Address  
110Broadway

City State Zip Code  
Helena MT 59601

Purpose of Expenditure Category/Type  
S8MT00119 Ad

Name of Federal Candidate supported or Opposed by expenditure:  
CONRAD BURNS

Calendar Year-To-Date Per Election for Office Sought 9121.52

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

Amount  
252.00

Transaction ID: EF1E6D64AADF64789841

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

Check One:  Support  Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	451.00
(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  
1 2 / 0 2 / 2 0 0 9