

# 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  
Eu Services

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Mailing Address  
P.O. Box 75241

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City	State	Zip Code
Baltimore	MD	21275-5241

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Purpose of Expenditure H2PA06114 Printing	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
Rep. Jim W. Gerlach

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Calendar Year-To-Date Per Election for Office Sought	1447.92
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Date  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 6

Amount  
684.66

Transaction ID: E00A0A90919E04B0FA9E

Office Sought:  House State: PA  
 Senate District: 06  
 Presidential

Check One:  Support  Oppose

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

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	State	Zip Code
Washington	DC	20004

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Purpose of Expenditure H2TX23058 Ad	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:  
HENRY BONILLA

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Calendar Year-To-Date Per Election for Office Sought	2160.08
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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: EFBA8716CC90D4D02BB1

Office Sought:  House State: TX  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	883.66
(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