

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
UPS

Mailing Address
P.O. Box 4980

City Hagerstown	State MD	Zip Code 21747-
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Purpose of Expenditure Shipping	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
STANLEY J THOMPSON

Calendar Year-To-Date Per Election for Office Sought	10247.46
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Date
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4

Amount
105.13

Transaction ID: E11682

Office Sought: House State: IA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2004
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
UPS

Mailing Address
P.O. Box 4980

City Hagerstown	State MD	Zip Code 21747-
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Purpose of Expenditure H4 Shipping	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
KRIS KOBACH

Calendar Year-To-Date Per Election for Office Sought	16408.54
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Date
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4

Amount
105.13

Transaction ID: E11683

Office Sought: House State: KS
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2004
[MEMO ITEM]

(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.

Amarie C. Natividad _____ Date M M / D D / Y Y Y Y
Signature 0 1 / 1 4 / 2 0 0 8