

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 EU Services		
Mailing Address P.O. Box 75241		
City Baltimore	State MD	Zip Code 21275-
Purpose of Expenditure Printing	Category/ Type <input style="width:50px;" type="text"/>	
Name of Federal Candidate supported or Opposed by expenditure: BEV KILMER		
Calendar Year-To-Date Per Election for Office Sought	<input style="width:150px;" type="text" value="1586.07"/>	

Date M M / D D / Y Y Y Y <input style="width:30px;" type="text" value="1"/> <input style="width:30px;" type="text" value="1"/> / <input style="width:30px;" type="text" value="2"/> <input style="width:30px;" type="text" value="2"/> / <input style="width:30px;" type="text" value="2"/> <input style="width:30px;" type="text" value="0"/> <input style="width:30px;" type="text" value="4"/>
Amount <input style="width:150px;" type="text" value="922.50"/>
Transaction ID: E12023
Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2004

Full Name (Last, First, Middle, Initial) of Payee EU Services		
Mailing Address P.O. Box 75241		
City Baltimore	State MD	Zip Code 21275-
Purpose of Expenditure Printing	Category/ Type <input style="width:50px;" type="text"/>	
Name of Federal Candidate supported or Opposed by expenditure: O MAXIE BURNS		
Calendar Year-To-Date Per Election for Office Sought	<input style="width:150px;" type="text" value="8278.42"/>	

Date M M / D D / Y Y Y Y <input style="width:30px;" type="text" value="1"/> <input style="width:30px;" type="text" value="1"/> / <input style="width:30px;" type="text" value="2"/> <input style="width:30px;" type="text" value="2"/> / <input style="width:30px;" type="text" value="2"/> <input style="width:30px;" type="text" value="0"/> <input style="width:30px;" type="text" value="4"/>
Amount <input style="width:150px;" type="text" value="1727.58"/>
Transaction ID: E12024
Office Sought: <input checked="" type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2004

(a) SUBTOTAL of Itemized Independent Expenditures	<input style="width:150px;" type="text" value="2650.08"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:150px;" type="text"/>
(c) TOTAL Independent Expenditures	<input style="width:150px;" type="text"/>

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
Signature

Date / /