

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

NAME OF COMMITTEE (In Full) New Jersey Right to Life Committee Federal PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00260331
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
TC Graphics

Mailing Address  
109 South Avenue West

City State Zip Code  
Cranford NJ 07016

Purpose of Expenditure  
postage

Category/Type **006**

Name of Federal Candidate supported or Opposed by expenditure:  
E SCOTT GARRETT

Calendar Year-To-Date Per Election for Office Sought **376.43**

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

Amount  
**376.43**

Transaction ID: SE.4716

Office Sought:  House State: NJ  
 Senate District: 05  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
TC Graphics

Mailing Address  
109 South Avenue West

City State Zip Code  
Cranford NJ 07016

Purpose of Expenditure  
postage

Category/Type **006**

Name of Federal Candidate supported or Opposed by expenditure:  
ANNA C LITTLE

Calendar Year-To-Date Per Election for Office Sought **376.43**

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

Amount  
**376.43**

Transaction ID: SE.4717

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

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>752.86</b>
(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.

Frank McCann  
Signature

Date M M / D D / Y Y Y Y  
**0 5 / 0 3 / 2 0 1 1**