

# 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> C0011278
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-

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Purpose of Expenditure Postage	Category/ Type
	<input type="text"/>

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Name of Federal Candidate supported or Opposed by expenditure:  
TIM J MICHELS

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Calendar Year-To-Date Per Election for Office Sought	31112.12
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Date  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 4

Amount  
25945.40

Transaction ID: E10297

Office Sought:  House State: WI  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2004

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-

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Purpose of Expenditure Postage	Category/ Type
	<input type="text"/>

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Name of Federal Candidate supported or Opposed by expenditure:  
ARLENE MRS WOHLGEMUTH

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Calendar Year-To-Date Per Election for Office Sought	576.36
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Date  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 4

Amount  
238.48

Transaction ID: E10289

Office Sought:  House State: TX  
 Senate District: 17  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2004

(a) SUBTOTAL of Itemized Independent Expenditures .....	26183.88
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input 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 M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8