

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

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	<b>FEC IDENTIFICATION NUMBER</b> ▼ <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 WQDK		
Mailing Address P.O. Box 1897		
City Kill Devil Hills	State NC	Zip Code 27948-
Purpose of Expenditure Radio Ad	Category/ Type <input style="width:50px;" type="text"/>	
Name of Federal Candidate supported or Opposed by expenditure: GEORGE W BUSH		
Calendar Year-To-Date Per Election for Office Sought	<input style="width:150px;" type="text" value="885268.53"/>	

Date M M / D D / Y Y Y Y <input style="width:30px;" type="text" value="10"/> / <input style="width:30px;" type="text" value="13"/> / <input style="width:30px;" type="text" value="2004"/>
Amount <input style="width:150px;" type="text" value="300.00"/>
<b>Transaction ID:</b> E11898
Office Sought: <input type="checkbox"/> House State: <u>00</u> <input type="checkbox"/> Senate District: <u>03</u> <input checked="" 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 WQDK		
Mailing Address P.O. Box 1897		
City Kill Devil Hills	State NC	Zip Code 27948-
Purpose of Expenditure S4 Radio Ad	Category/ Type <input style="width:50px;" type="text"/>	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD M BURR		
Calendar Year-To-Date Per Election for Office Sought	<input style="width:150px;" type="text" value="17655.78"/>	

Date M M / D D / Y Y Y Y <input style="width:30px;" type="text" value="10"/> / <input style="width:30px;" type="text" value="13"/> / <input style="width:30px;" type="text" value="2004"/>
Amount <input style="width:150px;" type="text" value="300.00"/>
<b>Transaction ID:</b> E11899
Office Sought: <input type="checkbox"/> House State: <u>NC</u> <input checked="" type="checkbox"/> Senate District: <u>00</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) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input style="width:150px;" type="text" value="600.00"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input style="width:150px;" type="text"/>
(c) <b>TOTAL</b> 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  /  /