

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

PAGE 158 / 231

FOR LINE 24 OF FORM 3X

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		Date M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 9176.45	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: EEB479679804D463D9C0	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
9238.16			
Full Name (Last, First, Middle, Initial) of Payee EU Services		Date M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0	
Mailing Address PO Box 17164		Amount 2586.62	
City State Zip Code Baltimore MD 21297-1164		Transaction ID: ED24B7FE17629412A927	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. David Dreier		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
2586.62			
(a) SUBTOTAL of Itemized Independent Expenditures		11763.07	
(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.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	