

# 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> 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 1 / 3 0 / 2 0 0 6

Mailing Address  
P.O. Box 75241

Amount  
543.23

City State Zip Code  
Baltimore MD 21275-5241

Transaction ID: E00178CA9DED24B64815

Purpose of Expenditure  
S6MJ00335 Bulk Mail - b15 (276.38)

Category/Type

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
0.00

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Eu Services

Date  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Mailing Address  
P.O. Box 75241

Amount  
2024.38

City State Zip Code  
Baltimore MD 21275-5241

Transaction ID: E1BEB5869F1F643D990B

Purpose of Expenditure  
H2IN09084 Printing - ACT Print27

Category/Type

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
0.00

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	2567.61
(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  
1 2 / 0 4 / 2 0 0 9