

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Mailing Address
P.O. Box 75241

City	State	Zip Code
Baltimore	MD	21275-

Purpose of Expenditure H4 Postage	Category/ Type
--------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
KRIS KOBACH

Calendar Year-To-Date Per Election for Office Sought	6462.57
---	---------

Date
M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 4

Amount
892.82

Transaction ID: E10237

Office Sought: House State: KS
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2004

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

Mailing Address
P.O. Box 75241

City	State	Zip Code
Baltimore	MD	21275-

Purpose of Expenditure Postage	Category/ Type
-----------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
GREGORY EDWARD WALCHER

Calendar Year-To-Date Per Election for Office Sought	12884.74
---	----------

Date
M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 4

Amount
2272.62

Transaction ID: E10250

Office Sought: House State: CO
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2004

(a) SUBTOTAL of Itemized Independent Expenditures	3165.44
(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.

Amarie C. Natividad
Signature

Date M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 8