SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)
National Abortion and Reproductive Rights Action

A. Full Name, Mailing Address and zip code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
Tim Davis 1307 Santa Inez Way Sacramento, CA 95816-	Graphics Design	03/05/98	$2666.81	Lois Capps (D-22) [X] Support [ ] Oppose
Hal Hammond Graphics 1285 Seville Way Sacramento, CA 95816-	Graphics purchas	03/19/98	$104.52	Lois Capps (CA-22) [X] Support [ ] Oppose
Kaufman Campaign Consultants 1510 J Street Suite 210 Sacramento, CA 95814-	Mailing	03/19/98	$15.00	Lois Capps (D-22) [X] Support [ ] Oppose
National Telecommunications Services, In 122 C Street, NW Suite 640 Washington, DC 20001-	Phoning GOTV	03/11/98	$8251.50	Lois Capps D-22 CA [X] Support [ ] Oppose
National Telecommunications Services, In 122 C Street, NW Suite 640 Washington, DC 20001-	Phone persuasio	03/09/98	$6501.20	Lois Capps D-22 CA [X] Support [ ] Oppose
Pacific Admail 1909 S. Susan Street Santa Ana, CA 92704-	Prnt/Lbl	03/03/98	$3520.67	Lois Capps (D-22 CA) [X] Support [ ] Oppose

(a) **SUBTOTAL** of Itemized Independent Expenditures _____
(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, concert with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission expires:

_____ NOTARY PUBLIC