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
Planned Parenthood Action Fund 518 Garden Street Santa Barbara, CA 93101-	List rental	03/09/98	$400.00	Lois Capps D-22 CA [X] Support [ ] Oppose
Political Data, Inc. P.O. Box 1706 Burbank, CA 91507-	List rental	03/13/98	$1341.13	Lois Capps (D-22 CA) [X] Support [ ] Oppose
Political Data, Inc. P.O. Box 1706 Burbank, CA 91507-	List Rental	03/16/98	$194.74	Lois Capps (CA-22) [X] Support [ ] Oppose
Postmaster Washington, DC 20003-	Postage	03/13/98	$2500.00	Lois Capps (D-22 CA) [X] Support [ ] Oppose
		/ /		[X] Support [ ] Oppose
		/ /		[X] Support [ ] Oppose

(a) **SUBTOTAL** of Itemized Independent Expenditures	$25495.57	
(b) **SUBTOTAL** of Unitemized Independent Expenditures		
(c) **TOTAL** Independent Expenditures		$25495.57

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