

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUL 15 A 11:32

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>National Pro-Life Alliance PAC</b>	2. FEC IDENTIFICATION NUMBER <b>C00358051</b>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported <b>P.O. Box 4062</b>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>Merrifield, VA 22116</b>	

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election

on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <b>5/19/00</b> through <b>6/30/00</b>		\$ —
6. (a) Cash on Hand January 1, 19_____		
(b) Cash on Hand at Beginning of Reporting Period	\$ —	
(c) Total Receipts (from Line 19)	\$ 19,536	\$ 19,536
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,536	\$ 19,536
7. Total Disbursements (from Line 30)	\$ 4,300	\$ 4,300
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,236	\$ 15,236
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
**Robert E. Hughes**

Signature of Treasurer

Date  
**7/14/00**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**FEC FORM 3X**  
(revised 8/03)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <b>National Pro-Life Alliance PAC</b>		REPORT COVERING PERIOD FROM <b>5/19/00</b> TO <b>6/30/00</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		\$6,100	
ii. Unitemized		13,436	
b. Total (add i and ii) >		19,536	
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		19,536	
20. Total Federal Receipts (subtract line 18 from line 19) >		19,536	
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		\$1,000	
24. Independent Expenditures (use Schedule E)		\$3,300	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		4,300	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		4,300	
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE **1** OF **1**  
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

**NATIONAL PRO-LIFE ALLIANCE PAC**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen P. Wood 2727 S. Ocean Blvd. #1906 Highland Beach, FL 32487	Occupation <b>RETIRED</b>	5/19/00	\$ 5,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000		
B. Full Name, Mailing Address and ZIP Code Greg Rice 7863 Elyria Rd. Medina, OH 44256	Name of Employer <b>Requested</b>	Date (month, day, year) 6/22/00	Amount of Each Receipt this Period \$ 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code David Clark 3267 Old Forge Rd. Kent, OH 44240	Name of Employer <b>CREST RUBBER</b>	Date (month, day, year) 6/22/00	Amount of Each Receipt this Period \$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT/CEO</b> Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code Anita E. Manuel 217 Peruvian Ave. Ste. 2 Palm Beach, FL 33480	Name of Employer <b>SELF EMPLOYED</b>	Date (month, day, year) 6/23/00	Amount of Each Receipt this Period \$ 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Tax CONSULTANT</b> Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code William Martin 13460 Shady Ln. Chesterland, OH 44026	Name of Employer	Date (month, day, year) 6/26/00	Amount of Each Receipt this Period \$ 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b> Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**\$6,100**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

*National Pro-Life Alliance PAC*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Mike Rothfeld for Congress P.O. Box 5421 (VA) Fredericksburg, VA 22403</i>	<i>Campaign Contribution</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/6/00</i>	<i>\$1,000</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

*\$1,000*

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

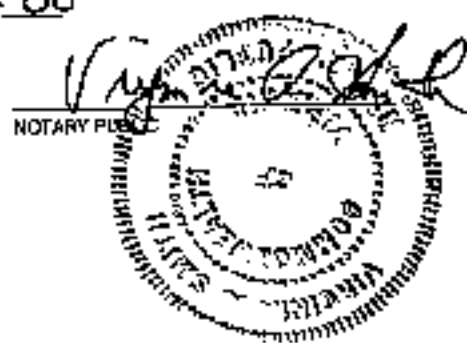
Name of Committee (In Full) <b>National Pro-Life Alliance PAE</b>				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
<b>Stewart Mailing Service 1006 Williamsstown Dumfries, VA 22026</b>	<b>Postage/ Mail Shop</b>	<b>5/26/00</b>	<b>\$3,300</b>	<b>Mike Rafferty Congress VA-1</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$	
(c) TOTAL Independent Expenditures				<b>3,300</b>

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.

**Robert E. Hughes** 7/14/00  
Signature Date

Subscribed and sworn to before me this 14<sup>th</sup> day of July 2000

My Commission expires: 12/31/03



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-14-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ser</i> PREPARER	7-15-00 DATE PREPARED