SCHEDULE E | **ITEMIZED INDEPENDENT EXPENDITURES** | PAGE 3 OF 90

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)
National Right to Life Political 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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,298.61	Hatch-UT-Senate [X] Support [ ] Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	175.00	Ellison-SC-CD#6 [X] Support [ ] Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,342.22	Weldon-FL-CD#15 [X] Support [ ] Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	986.17	Dickey-AR-CD#4 [X] Support [ ] Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	678.56	Gallegly-CA-CD#23 [X] Support [ ] Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	565.30	(X)Capps-CA-CD#22 [ ] Support [X] 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.

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

My Commission expires:

_____ NOTARY PUBLIC

_____ Signature

_____ Date