SCHEDULE E | **ITEMIZED INDEPENDENT EXPENDITURES** | PAGE 46 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.
WCCF 4810 Deltona Dr. Punta Gorda, FL 33950-	Radio Ads	10/11/2000	400.00	Putnam-FL-CD#12 [X] Support [ ] Oppose
WCCF 4810 Deltona Dr. Punta Gorda, FL 33950-	Radio Ads	10/11/2000	400.00	McCollum-FL-Senate [X] Support [ ] Oppose
WCCF 4810 Deltona Dr. Punta Gorda, FL 33950-	Radio Ads	10/11/2000	400.00	GWBush, President [X] Support [ ] Oppose
WCEM 703 Berry Hill Rd. Milton, FL 32570-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	72.00	McCollum for US Senate-FL-Senate-Ad [X] Support [ ] Oppose
WCEM 703 Berry Hill Rd. Milton, FL 32570-	Radio Ads	10/12/2000	72.00	GWBush, President [X] Support [ ] Oppose
WCEN 2929 South Isabella Rd. Mt. Pleasant, MI 48858	Radio Ad	10/13/2000	460.00	Abraham-MI-Senate [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