REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
FEC MAIL ROOM
2000 OCT 25 P 1:44

1. Name of individual, organization or corporation
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE (NARAL)

Address (number and street) ☐ check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 24 HOUR REPORT THROUGH 10/24/00

PAGE 1 OF 7

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
RATCLIFF STRATEGIES 1825 CONNECTICUT AVE NW WASHINGTON DC 20009	MEDIA BUY	10/24/00	200,000	X		AL GORE PRESIDENTIAL

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 998,589.12

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Gloria A. Totten 10-25-00

SIGNATURE (multi-page filers: sign page 1 only) DATE
Gloria A. Totten

Subscribed and sworn to before me this 25 day of October, 19 2000

My Commission Expires September 30, 2002

My Commission Expires

(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of E.U.S.C. 4979.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202 219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

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(b) Is this Report an amendment? Yes ☐ No ☒

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PAGE 2 OF 7

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Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
BUYING TIME 1825 CONNECTICUT AVE NW 5TH FL WASHINGTON DC 20009	MEDIA BUY	10/24/00	165,000.	X		AL GORE PRESIDENTIAL

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

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_____ (Notary Public)

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Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
CROUNSE MALCHOW + SCHACKMAN 1133 15TH ST NW WASHINGTON DC 20005	DIRECT MAIL	10/24/00	241 417.86	X		AL GORE PRESIDENT AL
"	"	"	258 962.26	X		"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

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City, State and ZIP Code
WASHINGTON DC 20005

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Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☒

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PAGE 4 OF 7

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Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
CROUSE MALCHOW + SCHLACKMAN 1133 15th ST NW WASHINGTON DC 20005	DIRECT MAIL	10/24/00	4078.05	X		KEN TOLTZ HOUSE CO-06
		10/24/00	1344.47	X		ROGER KAHN HOUSE GA-07
		10/24/00	11249.17	X		LAUREN BETH GASH HOUSE IL-10

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

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PAGE 5 OF 7

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Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

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Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
CROUSE MACCHOW + SCHWACKMAN 1133 15TH ST NW WASHINGTON DC 20005	DIRECT MAIL	10/24/00	2552.82	X		MIKE KELLEHER HOUSE IL-15
			4610.11	X		BETTY MCCOLLUM HOUSE MN-04
			38332.18	X		MARK DAYTON MN-SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

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PAGE 6 OF 7

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Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
CROUSE MACHON + SCHWACKMAN 1133 15TH ST NW WASHINGTON DC 20005	DIRECT MAIL	10/24/00	4469.96	X		JAY INSLEE HOUSE WA-01
		"	8452.02	X		RICK LARSEN HOUSE WA-02
		"	3770.76	X		TOM KEEFE HOUSE WA-05

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Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
CROUSE MACCHOW + SCHWACKMAN 1133 15TH ST NW WASHINGTON DC 20005	DIRECT MAIL	10/24/00	7507.76	X		ADAM SMITH HOUSE WA-09
		"	43789.70	X		MARIA CANTWELL WA SENATE

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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM

2000 OCT 25 P 1:44

NARAL IEC Reporting Info
Crounse Malchow & Schlackman
Date:

Code	Firm	Race	Candidate ID	HHS	% of Total	0-21 Mbrs	% of Total	Total b	Comm.	Non-Mbr
4425	CMS	Presidenti	Al Gore	658,445	60.73%	11384	1.73%	27506.6	$475.57	$27,031.03
4806	CMS	Colorado	Ken Toltz	18,702	1.73%	744	3.98%		$0.00	$0.00
4809	CMS	Georgia C	Roger Kah	2,600	0.24%	47	1.81%		$0.00	$0.00
4810	CMS	Illinois CD	Lauren Bet	44,307	4.09%		0.00%		$0.00	$0.00
4811	CMS	Illinois CD	Mike Kelle	19,011	1.75%		0.00%		$0.00	$0.00
4814	CMS	Minnesota	Betty McC	10,709	0.99%	359	3.35%		$0.00	$0.00
4815	CMS	Minnesota	Mark Dayt	90,560	8.35%	2,296	2.54%		$0.00	$0.00
4816	CMS	Missouri S	Mel Carnahan		0.00%	1,622			$0.00	$0.00
4829	CMS	Washingto	Jay Inslee	10,483	0.97%	503	4.80%		$0.00	$0.00
4830	CMS	Washingto	Rick Larse	19,562	1.80%	279	1.43%		$0.00	$0.00
4832	CMS	Washingto	Tom Keefe	9,556	0.88%	179	1.87%		$0.00	$0.00
4833	CMS	Washingto	Adam Smit	16,354	1.51%	181	1.11%		$0.00	$0.00
4834	CMS	Washingto	Maria Cant	93,324	8.61%	3,552	3.81%		$0.00	$0.00
4835	CMS	Missouri G	Bob Holde	90,560	8.35%	1,622	1.79%			
4828			TOTAL	1,084,173	100.00%	22,768		$27,506.60	$475.57	$27,031.03

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.

☑	Hand Delivered	Date of Receipt 10.25.00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

J.G. — PREPARER

10.25.00 — DATE PREPARED

(6/2000)