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 NOV -1 P 5:16

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 10/31/00 - 11/1/00

PAGE 1 OF 5

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
Kinko's 2020 K Street Washington, DC 20006	visual aid for press conference	11/1/00	13.22	✓		Al Gore president

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ 263.74

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
GLORIA A. TOHEN

SIGNATURE (multi-page filers: sign page 1 only) DATE 11-1-00

Subscribed and sworn to before me this 1 day of November, 2000

My Commission Expires My Commission Expires September 30, 2002

Renee Smith Taylor (Notary Public)

NOTARY PUBLIC DISTRICT OF COLUMBIA

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 5 (1/96)

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.

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City, State and ZIP Code
WASHINGTON DC 20005

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☐ July 15 Quarterly Report
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☐ 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 10-31-00 — 10/1/00

PAGE 2 OF 5

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
TARAL P.O. Box 684602 Austin, TX 78768	staff time	11/1/00	184.56	✓		Regina Montoya-Coggins TX-5 Congressional

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

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

My Commission Expires _____

_____ (Notary Public)

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FEC FORM 5 (4/96)

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

City, State and ZIP Code: WASHINGTON DC 20005

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

5. COVERING PERIOD: FROM THROUGH 24 HOUR REPORT 10/31/00 - 11/1/00

PAGE 3 OF 5

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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
MARAL 4515 W. Saginaw Suite 201 Lansing, MI	phone calls, copying, office supplies, postage, office maintenance	11/1/00	$355.32	✓		Al Gore President

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

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PAGE 4 OF 5

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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
MARAL 4515 W. Saginaw Lansing, MI 48917	phone calls, copying, office supplies, postage, office maintenance	11/1/00	355.32	✓		Dianne Byrum MI-8 Congressional

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

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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
MARAL 4515 W. Saginaw Suite 201 Lansing, MI 48917	phone calls, office maintenance, postage, copying & office supplies	11/1/00	355.32	✓		Debbie Stabenow MI – Senate.

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

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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 11/2/00
☐	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	

CR	11/2/00
PREPARER	DATE PREPARED

(6/2000)