REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Oct 30 6 52 PM '00

HAND DELIVERED

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

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 10/25/00 THROUGH 10/26/00 (24 HOURS)

PAGE 1 OF 3

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
WILLIAM J. LUTZ c/o NARAL 1156 15th ST NW STE 700 WASHINGTON DC 20005	REIMB: MEALS + PHONE CALLS	10/26/00	288.00	X		AL GORE PRESIDENTIAL
AMERICAN EXPRESS STE 0001 CHICAGO IL 60679	AIRFARE (UNITED AIRLINES)	10/26/00	1500. (ESTIM.)	X		"

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

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 6532.47

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: DONNA A. TOHEN

SIGNATURE (multi-page filers: sign page 1 only): DONNA A. TOHEN DATE: 10-30-00

Subscribed and sworn to before me this 30 day of October 2000

My Commission Expires 7/1/02

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 (4/96)

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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1156 15th ST NW STE 700

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☐ July 15 Quarterly Report
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(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 10/25/00 THROUGH 10/26/00 (24 HOURS)

PAGE 2 OF 3

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
AMERICAN EXPRESS STE 0001 CHICAGO IL 60679	AIRFARE - STAFF TRAVEL (UNITED)	10/25/00	3367.00	X		AL GORE PRESIDENTIAL
"	HOTEL - STAFF TRAVEL	10/26/00	327.61	X		"
"	MEALS + TRANSPORTATION	10/26/00	400. (ESTIM.)	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.

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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OCT 31 11 49 AM '00

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

5. COVERING PERIOD: 24 Hours FROM 10/25/00 THROUGH 10/26/00

PAGE 3 OF 3

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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
AMERICAN EXPRESS STE 0001 CHICAGO IL 60671	HOTEL-STAFF TRAVEL	10/26/00	327.61	X		AL GORE PRESIDENTIAL
"	MEALS + TRANSPORT. STAFF TRAVEL	"	282.25	X		"
"	POSTAGE	"	40. (ESTIM.)	X		"

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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FEC FORM 5 (4/96)

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 10-30-00
☐	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	
	PREPARER	DATE PREPARED 10-31-00

(6/2000)