RECEIVED
FEC MAIL ROOM

2000 OCT 24 P 2:53

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 10/23/00

PAGE 1 OF 14

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
STRATEGY SOURCE 1436 U ST STE. 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	2890.	X		MIKE HONDA HOUSE CA-15
		"	2032.62	X		ADAM SCHIFF HOUSE CA-27
		"	2608.84	X		SUSAN DAVIS HOUSE CA-49

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

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 688,344.45

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 10-24-00

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

Subscribed and sworn to before me this 24 day of October 20 2000

My Commission Expires: My Commission Expires September 30, 2002

Renee Smith Taylor (Notary Public)

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.

RECEIVED
FEC MAIL ROOM

2000 OCT 24 P 2:5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 10/23/00

PAGE 2 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	5819.66	X		MARK UDALL HOUSE CO-02
		"	1777.43	X		ELAINE BLOOM HOUSE FL-22
		"	5012.77	X		DIANNE BERUM HOUSE MI-08

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)

NOTE: Submission of false, ambiguous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

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

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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 P 2:54

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 15 TH 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 10/23/00

PAGE 3 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	3744.09	X		NANCY KEENAN HOUSE MT-AL
		"	1665.81	X		SUSAN BASS LEVIN HOUSE NJ-03
		"	1812.36	X		MARYANNE CONNELLY HOUSE NJ-07

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)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g

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)

RECEIV
FEC MAIL
2000 OCT 24 P 2 54

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation: NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION (NARAL) 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 24 HOUR REPORT THROUGH 10/23/00 | PAGE 4 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	1988.48	X		RUSH HOLT HOUSE NJ-12
		"	909.82	X		MARCELLEN O'SHAUGHNESSY HOUSE OH-12
		"	3299.53	X		JOE HOEFFEL HOUSE PA-13

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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999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 P 2:54

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 10/23/00

PAGE 5 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	2269.57	X		ED O'BRIEN HOUSE PA-15
		"	1353.46	X		REGINA MONTOYA COGGINS HOUSE TX-05
		"	1281.75	X		BRIAN BAIRD HOUSE WA-03

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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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM
2000 OCT 24 P 2:54

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 10/23/00

PAGE 6 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	6242.69	X		MIKE HONDA HOUSE CA-15
		"	4362.78	X		ADAM SCHIFF HOUSE CA-27
		"	5460.71	X		SUSAN DAVIS HOUSE CA-49

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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999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 P 2:54

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION (NARAL) 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 24 HOUR REPORT THROUGH 10/23/00

PAGE 7 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	14168.22	X		MARK UDALL HOUSE CO-02
		"	4419.13	X		ELAINE BLOOM HOUSE FL-22
		"	11174.81	X		DIANNE BYRUM HOUSE MI-08

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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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 P 2:54

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 10/23/00

PAGE 8 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	20657.52	X		NANCY KELNAND HOUSE MT-AL
		"	2372.67	X		SUSAN BASS LEVIN HOUSE NJ 03
		"	4126.73	X		MARY ANNE COMNEY HOUSE NJ-07

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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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 P 2:55

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 15 TH 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 10/23/00

PAGE 9 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	4445.43	X		RUSH HOLT HOUSE NJ-12
		"	2463.91	X		MARY SUSAN O'SHAUGHNESSY HOUSE OH-12
		"	7974.90	X		JOE HOEFFEL HOUSE PA-15

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)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

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 purpose 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)

RECEIVED
FEC MAIL ROOM
2000 OCT 24 P 2:55

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 10/23/00

PAGE 10 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	5682.79	X		ED O'BRIEN HOUSE PA-15
		"	2284.30	X		REGINA MONTOYA COGGINS HOUSE TX-05
		"	3007.41	X		BRIAN BAIRD HOUSE WA-03

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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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 2:55

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 15 TH 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 10/23/00

PAGE 11 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	$1333.26	X		DEBBIE STABENOW MI - SENATE
		"	20657.52	X		BRIAN SCHWEITZER MT - SENATE

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)

REC VED
FEC MAIL ROOM

2000 OCT 24 2:55

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 10/23/00

PAGE 12 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	28023.41	X		DEBBIE STABENOW MI - SENATE
		"	3633.27	X		BRIAN SCHWEITZER MT - SENATE
		"	11,773.87	X		HILLARY CLINTON NY - SENATE

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)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 P 2:55

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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 10/23/00

PAGE 13 OF 14

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
STRATEGY SOURCE 1436 U ST STE 203 WASHINGTON DC 20009	DIRECT MAIL	10/23/00	196 038.95	X		AL GORE PRESIDENTIAL
	"		95,676.06	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

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My Commission Expires _____

_____ (Notary Public)

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FEC FORM 5 (4/95)

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 24 P 2:55

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 15 TH 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 THROUGH
24 HOUR REPORT

PAGE 14 OF 14

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 5TH FL WASHINGTON DC 20009	MEDIA BUY + PRODUCTION	10/23/00	145,000.	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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TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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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 10/24/00
☐	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	10/24/00
PREPARER	DATE PREPARED

(6/2000)