

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full) Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & 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
VANDYKE PRINGING - CONTINUED		10-17-00	264.40 MEMO	SPENCER ABRAHAM US SENATE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			17.68 MEMO	BART STUPAK 1ST CONGRESSIONAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			19.26 MEMO	PETER HOEKSTRA 2ND CONGRESSIONAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			20.06 MEMO	VERN EHLERS 3RD CONGRESSIONAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			17.69 MEMO	DAVE CAMP 4TH CONGRESSIONAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
			17.46 MEMO	JIM BARCIA 5TH CONGRESSIONAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 0.00	
(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.

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission expires: _____

NOTARY PUBLIC

Signature

Date