



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Amarie C. Natividad, Treasurer
National Right to Life Political Action Committee
512 10th Street N.W.
Washington, DC 20004

FEB 06 2003

Identification Number: C00111278

Reference: 30 Day Post-General Report (10/17/02-11/25/02)

Dear Ms. Natividad:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

- Line 22 of the Detailed Summary Page of your report discloses a total of \$0.00 in transfers to affiliated/other party committees. The sum of the entries itemized on Schedule B, however, indicates the total to be \$1,384.99. Please amend your report to clarify the discrepancy.
- The totals listed on Lines 7 and 21(b), Column B of the Summary and Detailed Summary Page(s) appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.
- Your calculations for Lines 21(c), 30 and 31, Column B appear to be incorrect. Please provide the corrected totals on the Detailed Summary Page.
- Your calculations for Line 8 appear to be incorrect. Cash-on-hand at the close of the current reporting period should always equal the closing calendar year-to-date cash-on-hand amount. Please provide the corrected total on the Summary Page.

-Schedule E of your report indicates that your committee may have failed to file or timely file one or more of the required 24 hour notices regarding "last minute" independent expenditures (pertinent portion(s) attached). A political committee must notify the appropriate officers (Secretary of the Senate, Federal Election Commission, etc.) as specified in 11 CFR §104.4(c), in writing, within 24 hours of any independent expenditures of \$1,000 or more made between two and twenty days before an election. These expenditures must then be fully itemized on the next report required to be filed by the committee. Although the Commission may take further action concerning this matter, your prompt response will be taken into consideration. 11 CFR §104.4(b)

-The independent expenditure schedule (Schedule E) should disclose the following information: the name and mailing address of the payee, the purpose of the expenditure, the date of payment, the amount of payment, the name and office sought, state and district (if applicable) of the federal candidate, an indication of whether the candidate was supported or opposed, the signature of the treasurer, and a notarized certification of the information provided. Please amend Schedule E by providing the purpose of expenditure. 11 CFR §104.3(b)(3)(vi)

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Brandy Phillips
Campaign Finance Analyst
Reports Analysis Division

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111275
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Klar	Purpose of Expenditure	Category/Type
Mailing Address 1015 W. Pine ST	Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHEW	
City State Zip Code Poplar Bluff MO 63901	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: MO District: 09	
Date M M D D Y Y Y Y 10 25 2002	Amount 1200.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Transaction ID: 1028200227E859B		
Full Name (Last, First, Middle, Initial) of Payee Salem Radio	Purpose of Expenditure	Category/Type
Mailing Address 600 East Las Galina Blvd.	Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE	
City State Zip Code Irving TX 75019	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: CO District: 09	
Date M M D D Y Y Y Y 11 01 2002	Amount 1815.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Transaction ID: 110420029E8673		
Full Name (Last, First, Middle, Initial) of Payee Salem Radio	Purpose of Expenditure	Category/Type
Mailing Address 600 East Las Galina Blvd.	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code Irving TX 75019	Office Sought: House Senate Presidential State: District:	
Date M M D D Y Y Y Y 11 01 2002	Amount 1815.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Transaction ID: 110420029E8672		

(a) SUBTOTAL of Itemized Independent Expenditures **4830.00**

(b) SUBTOTAL of Unitemized Independent Expenditures **0.00**

(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 include 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 _____, 2002.

My Commission expires: _____

Signature _____ Date M M D D Y Y Y Y _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER CG011278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Salem Radio Mailing Address 800 East Las Colina Blvd. Suite 550 City Irving State TX Zip Code 75039- Date M N D D Y Y Y Y 11 01 2002 Amount 4480.00 Transaction ID: 110420029E8670	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: RENZI, RICHARD GEORGE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>AZ</u> District: <u>01</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Mailing Address 800 East Las Colina Blvd. Suite 550 City Irving State TX Zip Code 75039- Date M N D D Y Y Y Y 11 01 2002 Amount 4200.00 Transaction ID: 110420029E8671	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: MONTEITH, RICHARD DICK J Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>CA</u> District: <u>18</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Mailing Address 800 East Las Colina Blvd. Suite 550 City Irving State TX Zip Code 75039- Date M N D D Y Y Y Y 11 01 2002 Amount 5910.00 Transaction ID: 110420029E8674	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>CO</u> District: <u>02</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	14590.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 _____, 2002.

My Commission expires: _____

Signature _____ Date M N D D Y Y Y Y

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 8X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
-----------------------------------------------------------------------------------------	----------------------------------------------

Full Name (Last, First, Middle Initial) of Payee Salem Radio Mailing Address 600 East Las Colina Blvd. Suite 500 City Irving State TX Zip Code 75039 Date M D Y Y Y Y 11 01 2002 Amount 8145.00 Transaction ID: 110420029E8669	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AR District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Mailing Address 600 East Las Colina Blvd. Suite 500 City Irving State TX Zip Code 75039 Date M D Y Y Y Y 11 01 2002 Amount 2720.00 Transaction ID: 110420029E8675	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: GINGREY, J PHILIP MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 11 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Mailing Address 600 East Las Colina Blvd. Suite 500 City Irving State TX Zip Code 75039 Date M D Y Y Y Y 11 01 2002 Amount 2720.00 Transaction ID: 110420029E8676	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	13885.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 do 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 _____, 2002.

My Commission expires: _____

Signature _____ Date M D Y Y Y Y _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Salem Radio		Purpose of Expenditure		Category/Type
Mailing Address 600 East Las Colinas Blvd. Suite 580		Name of Federal Candidate supported or opposed by expenditure: TOOMEY, PATRICK J		
City Irving	State TX	Zip Code 75038-	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>PA</u> District: <u>15</u>	
Date M M D D Y Y Y Y 11 01 2002	Amount 1980.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Transaction ID: 110420029E8584		
Full Name (Last, First, Middle, Initial) of Payee Salem Radio		Purpose of Expenditure		Category/Type
Mailing Address 600 East Las Colinas Blvd. Suite 580		Name of Federal Candidate supported or opposed by expenditure:		
City Irving	State TX	Zip Code 75038-	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	
Date M M D D Y Y Y Y 11 01 2002	Amount 3560.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Transaction ID: 110420029E8585		
Full Name (Last, First, Middle, Initial) of Payee Salem Radio		Purpose of Expenditure		Category/Type
Mailing Address 600 East Las Colinas Blvd. Suite 580		Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH		
City Irving	State TX	Zip Code 75038-	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>NC</u> District: <u>00</u>	
Date M M D D Y Y Y Y 11 01 2002	Amount 6785.25	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Transaction ID: 110420029E8622		

(a) SUBTOTAL of Itemized Independent Expenditures	12305.25
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Submitted and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Salem Radio	Purpose of Expenditure	Category/Type
Mailing Address 800 East Las Colinas Blvd. Suite 580	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN	
City Irving State TX Zip Code 75039	Office Sought: House X Senate Presidential State: TX District: 09	
Date Amount MM DD YYYY \$3500.00 11 01 2002	Check One: X Support Oppose	
Transaction ID: 110420029E8886		
Full Name (Last, First, Middle, Initial) of Payee Salem Radio	Purpose of Expenditure	Category/Type
Mailing Address 800 East Las Colinas Blvd. Suite 580	Name of Federal Candidate supported or opposed by expenditure: GERLACH, JIM	
City Irving State TX Zip Code 75039	Office Sought: X House Senate Presidential State: PA District: 06	
Date Amount MM DD YYYY \$450.00 11 01 2002	Check One: X Support Oppose	
Transaction ID: 110420029E8883		
Full Name (Last, First, Middle, Initial) of Payee Salem Radio	Purpose of Expenditure	Category/Type
Mailing Address 800 East Las Colinas Blvd. Suite 580	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN	
City Irving State TX Zip Code 75039	Office Sought: House X Senate Presidential State: TX District: 09	
Date Amount MM DD YYYY \$19540.00 11 01 2002	Check One: X Support Oppose	
Transaction ID: 110420029E8887		

(a) SUBTOTAL of Itemized Independent Expenditures	29550.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	29550.00

I, under penalty of perjury, 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 created by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date MM DD YYYY

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Salem Radio	Purpose of Expenditure	Category/Type
Mailing Address 800 East Las Colinas Blvd. Suite 560	Name of Federal Candidate supported or opposed by expenditure: MCVEY, BROSE A	
City Irving State TX Zip Code 75039	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date M M D D Y Y Y Y 11 01 2002	State: <u>TX</u> District: <u>10</u>	
Amount 3180.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 110420029E8678	Purpose of Expenditure	Category/Type
Full Name (Last, First, Middle, Initial) of Payee Salem Radio	Name of Federal Candidate supported or opposed by expenditure: LATHAM, TOM	
Mailing Address 800 East Las Colinas Blvd. Suite 560	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
City Irving State TX Zip Code 75039	State: <u>TX</u> District: <u>05</u>	
Date M M D D Y Y Y Y 11 01 2002	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Amount 2840.00	Purpose of Expenditure	Category/Type
Transaction ID: 110420029E8678	Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHEW	
Full Name (Last, First, Middle, Initial) of Payee Salem Radio	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Mailing Address 800 East Las Colinas Blvd. Suite 560	State: <u>MO</u> District: <u>10</u>	
City Irving State TX Zip Code 75039	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Date M M D D Y Y Y Y 11 01 2002	Amount 7627.50	
Transaction ID: 110420029E8680		

(a) SUBTOTAL of Itemized Independent Expenditures	13847.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures recorded 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 operation, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, its campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0611278
-----------------------------------------------------------------------------------------	----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee	Purpose of Expenditure	Category/Type
Salem Radio Mailing Address: 605 East Las Colina Blvd. Suite 560 City: Irving State: TX Zip Code: 75089	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 09 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Date: 11 01 2002 Amount: 5710.00 Transaction ID: 110420029E8677		
Salem Radio Mailing Address: 605 East Las Colina Blvd. Suite 560 City: Irving State: TX Zip Code: 75089	Name of Federal Candidate supported or opposed by expenditure: WILSON, HEATHER ANN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NM District: 01 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Date: 11 01 2002 Amount: 2497.50 Transaction ID: 110420029E8681		
Brownfield Mailing Address: 606 Hobbs Rd. City: Jefferson City State: MO Zip Code: 65109	Name of Federal Candidate supported or opposed by expenditure: JANKLOW, WILLIAM J Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: SD District: 08 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Date: 10 26 2002 Amount: 686.50 Transaction ID: 1204200222E904S		

(a) SUBTOTAL of Itemized Independent Expenditures	8896.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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, its campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.
My Commission expires: _____

Signature _____ Date: _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Chesapeake Printing	Purpose of Expenditure	Category/Type
Mailing Address # 7 Industrial Park	Name of Federal Candidate supported or opposed by expenditure: PEARCE, STEVE	
City State Zip Code Wash DC 20602	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date Amount M M P D Y Y Y Y 11 25 2002 74.82	State: <u>NH</u> District: <u>02</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1204200222E9334		

Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales	Purpose of Expenditure	Category/Type
Mailing Address 1439 Denniston Street	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code Pittsburgh PA 15217	Office Sought: House Senate Presidential	
Date Amount M M P D Y Y Y Y 1 20 2002 6756.00	State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1121200213E8707		

Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales	Purpose of Expenditure	Category/Type
Mailing Address 1439 Denniston Street	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN	
City State Zip Code Pittsburgh PA 15217	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date Amount M M P D Y Y Y Y 10 25 2002 6565.00	State: <u>TX</u> District: <u>02</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1028200227E8615		

(a) SUBTOTAL of Itemized Independent Expenditures	13695.82
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 operated by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (or FUND) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales	Purpose of Expenditure	Category/Type
Mailing Address 1439 Denniston Street	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY	
City Pittsburgh	State PA	Zip Code 15217-
Date M M D D Y Y Y Y 10 26 2002	Amount 3892.50	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: <u>GA</u> District: <u>00</u>
Transaction ID: 1028200227E8613	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales	Purpose of Expenditure	Category/Type
Mailing Address 1439 Denniston Street	Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHEW	
City Pittsburgh	State PA	Zip Code 15217-
Date M M D D Y Y Y Y 10 23 2002	Amount 34753.00	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: <u>MO</u> District: <u>00</u>
Transaction ID: 1028200227E8614	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales	Purpose of Expenditure	Category/Type
Mailing Address 1439 Denniston Street	Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM	
City Pittsburgh	State PA	Zip Code 15217-
Date M M D D Y Y Y Y 10 25 2002	Amount 7175.00	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: <u>AR</u> District: <u>00</u>
Transaction ID: 1028200227E8612	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	45820.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

I, the undersigned, do hereby certify that the independent expenditures reported herein were not made in cooperation, contribution, 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 transportation, 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 M M D D Y Y Y Y

My Commission expires: M M D D Y Y Y Y

Signature _____ Date: M M D D Y Y Y Y

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111279
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales Mailing Address 1439 Deninton Street City Pittsburgh State PA Zip Code 15217- Date M D Y Y Y Y 10 28 2002 Amount 7871.10 Transaction ID: 1028200227E6618	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: DOLÉ, ELIZABETH Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NC District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Category Type
Full Name (Last, First, Middle, Initial) of Payee Commercial Media Sales Mailing Address 1439 Deninton Street City Pittsburgh State PA Zip Code 15217- Date M D Y Y Y Y 10 28 2002 Amount 13437.00 Transaction ID: 1030200250E8827	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: SUNUNU, JOHN E Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NH District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Category Type
Full Name (Last, First, Middle, Initial) of Payee EJ Services Mailing Address P.O. Box 75241 City Baltimore State MD Zip Code 21275- Date M D Y Y Y Y 11 22 2002 Amount 4821.20 Transaction ID: 1204200222E9121	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: RENZI, RICHARD GEORGE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AZ District: 01 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Category Type

(a) SUBTOTAL of Itemized Independent Expenditures	26128.30
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 _____, 2002.

My Commission expires: _____

Signature _____ Date M D Y Y Y Y _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (No Full)	FEC IDENTIFICATION NUMBER
National Right to Life Political Action Committee	C00111278

Full Name (Last, First, Middle, Initial) of Payee	Purpose of Expenditure	Category/Type
EU Services Mailing Address: P.O. Box 75241 City: Baltimore State: MD Zip Code: 21278 Date: 11/22/2002 Amount: 3523.32 Transaction ID: 1204200222E9120	Name of Federal Candidate supported or opposed by expenditure: ROGERS, MICHAEL DENNIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AL District: 03 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee El Hispanico News Mailing Address: 2102 Empire Central City: Dallas State: TX Zip Code: 75235 Date: 10/28/2002 Amount: 2693.25 Transaction ID: 1204200222E9479	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: TX District: 35 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee El Hispano News Mailing Address: 2102 Empire Central City: Dallas State: TX Zip Code: 75235 Date: 10/29/2002 Amount: 2693.25 Transaction ID: 1030200250E8626	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	8909.82
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 printing or 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 _____, 2002

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee El Informador Mailing Address 3722 Decatur Ave City State Zip Code Fort Worth TX 76106-	Purpose of Expenditure Category/ Type
Date M M D D Y Y Y Y 10 28 2002 Amount 760.00 Transaction ID: 1204200222E9474	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: TX District: 09 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee El Semenario Mailing Address 811 23RD STREET City State Zip Code Denver CO 80205-	Purpose of Expenditure Category/ Type
Date M M D D Y Y Y Y 10 28 2002 Amount 512.00 Transaction ID: 1204200222E9470	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: TX District: 09 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee El Sol Texas Mailing Address 4280 Spring Valley Rd. City State Zip Code Dallas TX 75244-	Purpose of Expenditure Category/ Type
Date M M D D Y Y Y Y 10 25 2002 Amount 1134.00 Transaction ID: 1028200227E8611	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: TX District: 09 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	2426.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 directing or 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1141347
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	PEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Federal Express	Purpose of Expenditure	Category/Type
Mailing Address P.O. Box 1140 Dept. A	Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM	
City Memphis	State TN	Zip Code 38101-1140
Date M D Y Y Y Y 11 22 2002	Amount 173.08	Transaction ID: 1204200222E9457
	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	State: AR District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Federal Express	Purpose of Expenditure	Category/Type
Mailing Address P.O. Box 1140 Dept. A	Name of Federal Candidate supported or opposed by expenditure: COLEMAN, NORM	
City Memphis	State TN	Zip Code 38101-1140
Date M D Y Y Y Y 11 23 2002	Amount 24.76	Transaction ID: 1204200222E9468
	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee In Touch Systems	Purpose of Expenditure	Category/Type
Mailing Address 6149 Cotton Rd.	Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE	
City Rowles	State NM	Zip Code 86201-
Date M D Y Y Y Y 10 28 2002	Amount 4155.72	Transaction ID: 109020020E8643
	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	State: CO District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	4353.58
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 material prepared by the candidate, his campaign committee, or designee.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 121 / 317
FOR LINE 24 OF FORM 2X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee In Touch Systems	Purpose of Expenditure	Category/Type
Mailing Address 5149 Colton Rd.	Name of Federal Candidate supported or opposed by expenditure:	
City Roswell	State NM	Zip Code 88201-
Date M D Y Y Y Y 10 30 2002	Amount 213.38	Transaction ID: 1204200222E9413
	Office Sought: House Senate Presidential	State: District:
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee In Touch Systems	Purpose of Expenditure	Category/Type
Mailing Address 5149 Colton Rd.	Name of Federal Candidate supported or opposed by expenditure:	
City Roswell	State NM	Zip Code 88201-
Date M D Y Y Y Y 10 30 2002	Amount 326.87	Transaction ID: 1204200222E9412
	Office Sought: <input checked="" type="checkbox"/> House Senate Presidential	State: OH District: 03
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee In Touch Systems	Purpose of Expenditure	Category/Type
Mailing Address 5149 Colton Rd.	Name of Federal Candidate supported or opposed by expenditure:	
City Roswell	State NM	Zip Code 88201-
Date M D Y Y Y Y 10 29 2002	Amount 1042.34	Transaction ID: 103020020E8848
	Office Sought: <input checked="" type="checkbox"/> House Senate Presidential	State: NJ District: 05
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	1884.59
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

I, the undersigned, certify that the independent expenditures reported herein were not made in response to, consultation, concert with, or 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 or 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (to File) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee In Touch Systems		Purpose of Expenditure	Category Type
Mailing Address 5149 Cotton Rd.		Name of Federal Candidate supported or opposed by expenditure: MURKIN, MARILYN N	
City Roswell	State NM	Zip Code 88201	
Date M M D D Y Y Y Y 10 29 2002	Amount 330.48	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>CO</u> District: <u>04</u>
Transaction ID: 120420022E9381		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee In Touch Systems		Purpose of Expenditure	Category Type
Mailing Address 5149 Cotton Rd.		Name of Federal Candidate supported or opposed by expenditure: BUNNU, JOHN E	
City Roswell	State NM	Zip Code 88201	
Date M M D D Y Y Y Y 10 29 2002	Amount 2585.59	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NH</u> District: <u>00</u>
Transaction ID: 103020020E8647		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee In Touch Systems		Purpose of Expenditure	Category Type
Mailing Address 5149 Cotton Rd.		Name of Federal Candidate supported or opposed by expenditure:	
City Roswell	State NM	Zip Code 88201	
Date M M D D Y Y Y Y 10 29 2002	Amount 1251.76	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Transaction ID: 103020020E8645		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	4167.82
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

I declare under penalty of perjury 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, circulation, or reproduction 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 _____ M M day of _____ Y Y Y Y.

My Commission expires: _____ M M _____ D D Y Y Y Y.

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee In Touch Systems Mailing Address 5149 Cotton Rd. City: Rowell State: NM Zip Code: 88201- Date: 10 29 2002 Amount: 1251.75 Transaction ID: 103020020E8643	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: Office Sought: House Senate Presidential State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee In Touch Systems Mailing Address 6149 Cotton Rd. City: Rowell State: NM Zip Code: 88201- Date: 10 29 2002 Amount: 2533.02 Transaction ID: 103020020E8642	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: AR District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee In Touch Systems Mailing Address 5149 Cotton Rd. City: Rowell State: NM Zip Code: 88201- Date: 10 29 2002 Amount: 1584.48 Transaction ID: 103020020E8644	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: GANSKE, GREG Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: IA District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	5349.24
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in connection, cooperation, 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 this candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111276
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee In Touch Systems	Purpose of Expenditure	Category Type
Mailing Address 5149 Cotton Rd.	Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM	
City Rosewell	State NM	Zip Code 88201-
Date M M D D Y Y Y Y 10 30 2002	Amount 109.51	Transaction ID: 1204200222E9420
Full Name (Last, First, Middle, Initial) of Payee In Touch Systems	Purpose of Expenditure	Category Type
Mailing Address 5149 Cotton Rd.	Name of Federal Candidate supported or opposed by expenditure: GARRETT, E SCOTT	
City Rosewell	State NM	Zip Code 88201-
Date M M D D Y Y Y Y 11 18 2002	Amount 1147.25	Transaction ID: 1122200241E8739
Full Name (Last, First, Middle, Initial) of Payee In Touch Systems	Purpose of Expenditure	Category Type
Mailing Address 5149 Cotton Rd.	Name of Federal Candidate supported or opposed by expenditure: CORNWYN, JOHN	
City Rosewell	State NM	Zip Code 88201-
Date M M D D Y Y Y Y 10 28 2002	Amount 7157.03	Transaction ID: 103020020E8649

(a) SUBTOTAL of Itemized Independent Expenditures	8413.60
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 publication 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WFRU Mailing Address 503 Old Ea North City State Zip Code Columbia MO 65201-	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHEW Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: <u>MO</u> District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date M M O O Y Y Y Y 10 25 2002 Amount 1100.00 Transaction ID: 1026200227E8598	
Full Name (Last, First, Middle, Initial) of Payee KGFL Mailing Address Box 33 Main & Griggs City State Zip Code Gibson AR 72031-	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: <u>AR</u> District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date M M O O Y Y Y Y 10 24 2002 Amount 84.00 Transaction ID: 1204200221E8775	
Full Name (Last, First, Middle, Initial) of Payee KGFX AM Mailing Address 214 W. Pleasant Dr. City State Zip Code Plover SD 57501-	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: THUNE, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: <u>SD</u> District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date M M O O Y Y Y Y 10 25 2002 Amount 390.00 Transaction ID: 1204200221E8857	

(a) SUBTOTAL of Itemized Independent Expenditures	1514.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 M D Y Y Y Y

My Commission expires M D Y Y Y Y

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee KJWV Mailing Address 204 Moore Street City State Zip Code Hotena AR 72342- Date Amount M M D D Y Y Y Y 10 24 2002 270.00 Transaction ID: 1204200221E8779	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AR District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KJOU AM/EM Mailing Address 2700 Commerce Park Suite 211 City State Zip Code Houston TX 77036- Date Amount M M D D Y Y Y Y 10 25 2002 1500.00 Transaction ID: 1204200221E8886	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CORNWY, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: TX District: 09 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee NKAA AM Mailing Address 3980 S. Georgia City State Zip Code Aberdeen SD 57402- Date Amount M M D D Y Y Y Y 10 26 2002 336.00 Transaction ID: 1204200221E8871	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: THUNE, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: SD District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	2106.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 in support 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 agents.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee KLTFF	Purpose of Expenditure	Category/Type
Mailing Address 2150 W. 28th Ave. Suite 300	Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE	
City State Zip Code Denver CO 80211	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date M M D D Y Y Y Y 10 25 2002	State: CO District: 06	
Amount 420.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1204200221E8919		

Full Name (Last, First, Middle, Initial) of Payee KLTFF	Purpose of Expenditure	Category/Type
Mailing Address 2150 W. 28th Ave. Suite 300	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code Denver CO 80211	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date M M D D Y Y Y Y 10 25 2002	State: District:	
Amount 420.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1204200221E8918		

Full Name (Last, First, Middle, Initial) of Payee KLVL	Purpose of Expenditure	Category/Type
Mailing Address 15500 Howard DR.	Name of Federal Candidate supported or opposed by expenditure: CORNBY, JOHN	
City State Zip Code Houston TX 77017	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date M M D D Y Y Y Y 10 25 2002	State: TX District: 06	
Amount 2250.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1028200227E6509		

(a) SUBTOTAL of Itemized Independent Expenditures	3080.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 do not constitute 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 _____, 2002.
My Commission expires: _____

Signature _____ Date M M D D Y Y Y Y

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 2X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER CD0111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee KMBZ Mailing Address 4935 Bellandor Rd City State Zip Code Shawnee Mission KS 66205 Date Amount N M D O Y Y Y Y 10 25 2002 13020.00 Transaction ID: 1204200221E8838	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHES Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: MO District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KMOA Mailing Address 1117 West Route #8 City State Zip Code Flagstaff AZ 86001 Date Amount M M D D Y Y Y Y 10 28 2002 705.00 Transaction ID: 1204200221E8809	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: RENZI, RICHARD GEORGE Office Sought: <input checked="" type="checkbox"/> House Senate Presidential State: AZ District: 31 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KMOX Mailing Address 1 Mercibel Drive St. City State Zip Code Saint Louis MO 63102 Date Amount M M D D Y Y Y Y 10 28 2002 6600.00 Transaction ID: 1029200232E8822	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHES Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: MO District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	20325.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 publication in whole or in part of any campaign material prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee KNRS Mailing Address 2801 S. Decker Lake Dr. City State Zip Code Salt Lake City UT 84119 Date Amount M M D D Y Y Y Y 10 25 2002 -3000.00 Transaction ID: 1204200221E8940	Purpose of Expenditure Category/Type Name of Federal Candidate supported or opposed by expenditure: BISHOP, ROBERT WILLIAM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>UT</u> District: <u>01</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KNRS Mailing Address 2801 S. Decker Lake Dr. City State Zip Code Salt Lake City UT 84119 Date Amount M M D D Y Y Y Y 10 26 2002 1500.00 Transaction ID: 1204200221E6941	Purpose of Expenditure Category/Type Name of Federal Candidate supported or opposed by expenditure: BISHOP, ROBERT WILLIAM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>UT</u> District: <u>01</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KNRS Mailing Address 2801 S. Decker Lake Dr. City State Zip Code Salt Lake City UT 84119 Date Amount M M D D Y Y Y Y 10 25 2002 1500.00 Transaction ID: 1204200221E8942	Purpose of Expenditure Category/Type Name of Federal Candidate supported or opposed by expenditure: SWALLOW, JOHN EDWARD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>UT</u> District: <u>02</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in connection, 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 include the financing or dissemination, distribution, or reproduction 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 _____, 2002.

My Commission expires: _____

Signature _____ Date M M D D Y Y Y Y

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
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Full Name (Last, First, Middle, initial) of Payee KNRS Mailing Address 2001 S. Decker Lake Dr. City State Zip Code Salt Lake City UT 84119- Date Amount M D Y Y Y Y 3000.00 10 25 2002 Transaction ID: 1028200227E8532	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: BISHOP, ROBERT WILLIAM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>UT</u> District: <u>01</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, initial) of Payee KNZZ AM Mailing Address 1360 S. Sherwood Drive City State Zip Code Grand Junction CO 81501- Date Amount M D Y Y Y Y 640.00 10 24 2002 Transaction ID: 1204200221E8816	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>CO</u> District: <u>03</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee XOA Mailing Address 4805 S. Monaco St. City State Zip Code Denver CO 80237- Date Amount M D Y Y Y Y 4500.00 10 25 2002 Transaction ID: 1028200227E8518	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	\$140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 include the branding 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
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Full Name (Last, First, Middle, Initial) of Payee KOA Mailing Address 4895 S. Monaco ST. City State Zip Code Denver CO 80237-	Purpose of Expenditure Category/Type
Date M M D D Y Y Y Y 10 25 2002 Amount 4500.00 Transaction ID: 1028200227E9617	Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential <input type="checkbox"/> State: CO District: 01 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KOBE Mailing Address 1332 W. Amador City State Zip Code Las Cruces NM 88004-	Purpose of Expenditure Category/Type
Date M M D D Y Y Y Y 10 24 2002 Amount 500.00 Transaction ID: 1204200221E8847	Name of Federal Candidate supported or opposed by expenditure: FEARCE, STEVE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential <input type="checkbox"/> State: NM District: 02 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KOPR Mailing Address 600 LBJ Blvd. City State Zip Code Lubbock TX 79632-	Purpose of Expenditure Category/Type
Date M M D D Y Y Y Y 10 29 2002 Amount 300.00 Transaction ID: 1204200222E9035	Name of Federal Candidate supported or opposed by expenditure: CORNBYN, JOHN Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential <input type="checkbox"/> State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of itemized independent expenditures	5300.00
(b) SUBTOTAL of unitemized independent expenditures	0.00
(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 a campaign, election, or reelection 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 _____, 2002.

My Commission expires: _____

Signature _____ Date M M D D Y Y Y Y _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111276
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Full Name (Last, First, Middle, Initial) of Payee KFBQ	Purpose of Expenditure	Category/Type
Mailing Address 901 A West 6th St City: Paso Blvd State: AR Zip Code: 71603- Shopwalk Center	Name of Federal Candidate supported or opposed by expenditure: MUTCHINSON, TIM	
Date M 10 D 28 Y 2002 Amount 165.00 Transaction ID: 1204200221E8991	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AR District: 02 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee KPRC/KBEV	Purpose of Expenditure	Category/Type
Mailing Address 11767 Katy Freeway City: Houston State: TX Zip Code: 77079- #1170	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN	
Date M 10 D 28 Y 2002 Amount 5300.00 Transaction ID: 1028200227E8805	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee KPRC/KBEV	Purpose of Expenditure	Category/Type
Mailing Address 11767 Katy Freeway City: Houston State: TX Zip Code: 77079- #1170	Name of Federal Candidate supported or opposed by expenditure: REISER, THOMAS A	
Date M 10 D 28 Y 2002 Amount 5300.00 Transaction ID: 1028200227E8806	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: TX District: 25 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of itemized Independent Expenditures	10765.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 duly 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM BX

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
-----------------------------------------------------------------------------------------	----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee KQOK		Purpose of Expenditure	Category Type
Mailing Address 11767 Katy Fwy		Name of Federal Candidate supported or opposed by expenditure: CORNBYN, JOHN	
City Houston	State TX	Zip Code 77079-	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>TX</u> District: <u>00</u>
Date M M D D Y Y Y Y 10 25 2002	Amount 4500.00 Transaction ID: 1204200221E8987	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee KQUS		Purpose of Expenditure	Category Type
Mailing Address 125 Corporate Terrace		Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM	
City Hot Springs Nat P	State AR	Zip Code 71913-	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>AR</u> District: <u>00</u>
Date M M D D Y Y Y Y 10 29 2002	Amount 210.00 Transaction ID: 1204200222E9027	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee KQUS		Purpose of Expenditure	Category Type
Mailing Address 125 Corporate Terrace		Name of Federal Candidate supported or opposed by expenditure: DEKEY, JAY W JR	
City Hot Springs Nat P	State AR	Zip Code 71913-	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>AR</u> District: <u>04</u>
Date M M D D Y Y Y Y 10 29 2002	Amount 210.00 Transaction ID: 1204200222E9026	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	4920.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 do not involve the financing of dissemination, distribution, or reproduction of records 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 _____, 2002.

My Commission expires: _____

Signature _____ Date M M D D Y Y Y Y _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee	Purpose of Expenditure	Category/Type
KTFS Mailing Address: 308 W. Broad Street City: Terrell, TX Zip Code: 75601 Date: 10/25/2002 Amount: 630.00 Transaction ID: 1204200221E8822	Name of Federal Candidate supported or opposed by expenditure: DICKNEY, JAY W JR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AR District: 04 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
KTJM Mailing Address: 14787 Katy Pkwy City: Houston, TX Zip Code: 77079 Date: 10/25/2002 Amount: 5650.00 Transaction ID: 1204200221E8888	Name of Federal Candidate supported or opposed by expenditure: CORRYN, JOHN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
KUAD Mailing Address: 800 Main St City: Windsor, CO Zip Code: 80556 Date: 10/25/2002 Amount: 522.00 Transaction ID: 1204200221E8916	Name of Federal Candidate supported or opposed by expenditure: MUSGRAVE, MARGLYN K Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: CO District: 04 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	7002.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 reproduction 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 MM day of BB, YYYYYY.

My Commission expires: MM DD YYYYYY

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00114278
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Full Name (Last, First, Middle, Initial) of Payee Kenz Mailing Address 721 Shirley St City State Zip Code Cedar Falls IA 50613 Date Amount M N O D Y V Y Y V 10 25 2002 360.00 Transaction ID: 1204200221E8882	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: HUSSE, JAMES ALLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>IA</u> District: <u>02</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Kenz Mailing Address 721 Shirley St City State Zip Code Cedar Falls IA 50613 Date Amount M N O D Y V Y Y V 10 25 2002 360.00 Transaction ID: 1204200221E8883	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: GANSKE, GREG Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>IA</u> District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Kouy Mailing Address 1888 Sherman City State Zip Code Denver CO 80203 Date Amount M N O D Y V Y Y V 10 25 2002 2250.00 Transaction ID: 1028200227E8862	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>CO</u> District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	2870.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 any committee, distribution of any publication in which 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 _____, 2002.
 My Commission expires: _____

Signature _____ Date _____ NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
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Full Name (Last, First, Middle, Initial) of Payee KEKE Mailing Address 315 Kennedy Ave City Grand Junction State CO Zip Code 81505- Date M D Y Y Y Y 10 25 2002 Amount 1250.00 Transaction ID: 1028200227E8600	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: CO District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KEK Mailing Address 6902 Commerce Ave City El Paso State TX Zip Code 79915- Date M D Y Y Y Y 10 25 2002 Amount 510.00 Transaction ID: 1204200221E8875	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CORRYN, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee KEKO Mailing Address 315 Kennedy Ave City Grand Junction State CO Zip Code 81505- Date M D Y Y Y Y 10 24 2002 Amount 399.00 Transaction ID: 1204200221E8815	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: CO District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	2159.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 _____, 2002.
My Commission expires _____, 2002.

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (as Filer) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
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Full Name (Last, First, Middle, Initial) of Payee Keyh	Purpose of Expenditure	Category/Type
Mailing Address 11767 Katy Fwy	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN	
City Houston	State TX	Zip Code 77079-
Date N M D Y Y Y Y 10 25 2002	Amount 1050.00	Transaction ID: 1204200221E8985
Full Name (Last, First, Middle, Initial) of Payee Kezz	Purpose of Expenditure	Category/Type
Mailing Address 131 Stanley Ave	Name of Federal Candidate supported or opposed by expenditure: MUSGRAVE, MARILYN H	
City Essex Park	State CO	Zip Code 80517-
Date M M D Y Y Y Y 10 25 2002	Amount 187.50	Transaction ID: 1204200221E8986
Full Name (Last, First, Middle, Initial) of Payee Kezz	Purpose of Expenditure	Category/Type
Mailing Address 131 Stanley Ave	Name of Federal Candidate supported or opposed by expenditure: MALLARD, A WAYNE	
City Essex Park	State CO	Zip Code 80517-
Date M M D Y Y Y Y 10 25 2002	Amount 187.50	Transaction ID: 1204200221E8970

(a) SUBTOTAL of Itemized Independent Expenditures	1425.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, coordination, 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 publication 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011279
-----------------------------------------------------------------------------------------	----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Kttn	Purpose of Expenditure	Category Type
Mailing Address 5050 Greenwood Plaza City: Englewood State: CO Zip Code: 80111-	Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE	
Date M N D D Y Y Y Y 10 24 2002	Amount 252.00 Transaction ID: 1204200221E8804	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: CO District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Kgnry	Purpose of Expenditure	Category Type
Mailing Address 1056 S. Glenstone Ave City: Springfield State: MO Zip Code: 65804-	Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHES	
Date M N D D Y Y Y Y 10 25 2002	Amount 1560.00 Transaction ID: 1028200227E6577	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: MO District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Kgre	Purpose of Expenditure	Category Type
Mailing Address 1020 9th St City: Greeley State: CO Zip Code: 80631-	Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE	
Date M N D D Y Y Y Y 10 24 2002	Amount 540.00 Transaction ID: 1204200221E8814	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: CO District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	2352.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 or such candidate or authorized committee. Furthermore, these expenditures did not involve the branding 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 _____, 2002.

My Commission expires: _____

 Signature Date M N D D Y Y Y Y

 NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
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Full Name (Last, First, Middle, Initial) of Payee Klxb Mailing Address 2525 Nort West Ave City State Zip Code El Dorado AR 71730 Date M M D D Y Y Y Y 10 24 2002 Amount 315.00 Transaction ID: 1204200221E8771	Purpose of Expenditure Category/Type Name of Federal Candidate supported or opposed by expenditure: DICKKEY, JAY W JR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AR District: 04 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Klxb Mailing Address 2525 Nort West Ave City State Zip Code El Dorado AR 71730 Date M M D D Y Y Y Y 10 24 2002 Amount 315.00 Transaction ID: 1204200221E6772	Purpose of Expenditure Category/Type Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: AR District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Klqj Mailing Address 3139 S. Monroe City State Zip Code Joplin MO 64801 Date M M D D Y Y Y Y 10 25 2002 Amount 2805.00 Transaction ID: 1028200227E8578	Purpose of Expenditure Category/Type Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHEW Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: MO District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	3435.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 or such candidate or authorized committee. Furthermore, these expenditures did not involve the granting of transportation, distribution, or reproduction 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee KIKZN Mailing Address 4635 S. Monaco City State Zip Code Denver CO 80237-	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: Office Sought: House Senate Presidential State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date Amount M M D D Y Y Y Y 10 24 2002 1200.00 Transaction ID: 1025200252E8568	
Full Name (Last, First, Middle, Initial) of Payee KIKZN Mailing Address 4635 S. Monaco City State Zip Code Denver CO 80237-	Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: CO District: 10 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date Amount M M D D Y Y Y Y 10 24 2002 1200.00 Transaction ID: 1025200252E8587	
Full Name (Last, First, Middle, Initial) of Payee KIH0 Mailing Address 1300 Antelope Street City State Zip Code Corpus Christi TX 78408-	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: TX District: 30 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date Amount M M D D Y Y Y Y 10 25 2002 1200.00 Transaction ID: 1025200227E8601	

(a) SUBTOTAL of Itemized Independent Expenditures	3600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, and the request or suggestion of any candidate or any authorized committee of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of disseminatory, 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 _____, 2002.

My Commission expires: _____

Signature _____ Date N N D D Y Y Y Y

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Kmla	Purpose of Expenditure	Category/Type
Mailing Address 118 E. 3rd Street	Name of Federal Candidate supported or opposed by expenditure: THUNE, JOHN	
City Moberly	State MO	Zip Code 65601
Date M M P P Y Y Y Y 10 25 2002	Amount 880.00	Transaction ID: 1204200227E8885
	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	State: MO District: 10
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Kmoz	Purpose of Expenditure	Category/Type
Mailing Address 1980 E. Sherwood Dr	Name of Federal Candidate supported or opposed by expenditure: ALLARD, A WAYNE	
City Grand Junction	State CO	Zip Code 81501
Date M M P P Y Y Y Y 10 24 2002	Amount 600.00	Transaction ID: 1204200221E8795
	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	State: CO District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Kmpz	Purpose of Expenditure	Category/Type
Mailing Address 4935 Bunker Rd.	Name of Federal Candidate supported or opposed by expenditure: TALENT, JAMES MATTHEW	
City Springer Mission	State KS	Zip Code 66205
Date M M P P Y Y Y Y 10 25 2002	Amount 13020.00	Transaction ID: 1028200227E8389
	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	State: MO District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	14300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 funding of dissemination, distribution, or reproduction 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 219/317
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee KSOOKXRB	Purpose of Expenditure	Category/Type
Mailing Address 3205 W. Mendota	Name of Federal Candidate supported or opposed by expenditure: JANISLOW, WILLIAM J	
City State Zip Code Spoux Falls SD 57106	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>SD</u> District: <u>00</u>	
Date M M D D Y Y Y Y 10 25 2002	Amount 1470.00	
Transaction ID: 1028200227E8585	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee KSOOKXRB	Purpose of Expenditure	Category/Type
Mailing Address 3205 W. Mendota	Name of Federal Candidate supported or opposed by expenditure: THUNE, JOHN	
City State Zip Code Spoux Falls SD 57106	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>SD</u> District: <u>00</u>	
Date M M D D Y Y Y Y 10 25 2002	Amount 1470.00	
Transaction ID: 1028200227E8584	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle, Initial) of Payee KTCS	Purpose of Expenditure	Category/Type
Mailing Address 5304 Hwy. 45 East	Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TIM	
City State Zip Code Fort Smith AR 72916	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>AR</u> District: <u>00</u>	
Date M M D D Y Y Y Y 10 24 2002	Amount 1058.00	
Transaction ID: 1025200252E8590	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	3986.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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, no 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, via campaign committee, or third agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires _____, 2002.

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 201317
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Ktko Mailing Address 2300 S. Washington City State Zip Code Beavilia TX 78102-	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CORNBYN, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date Amount M M D D Y Y Y Y 10 25 2002 480.00 Transaction ID: 1204200221E8903	
Full Name (Last, First, Middle, Initial) of Payee KTMIR Mailing Address 13022 N. Shephard City State Zip Code Houston TX 77002-	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CORNBYN, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date Amount M M D D Y Y Y Y 10 25 2002 1500.00 Transaction ID: 1028200227E8B10	
Full Name (Last, First, Middle, Initial) of Payee KTMP Mailing Address 13026 N. Shephard City State Zip Code Houston TX 77002-	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CORNBYN, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Date Amount M M D D Y Y Y Y 10 25 2002 750.00 Transaction ID: 1204200221E8932	

(a) SUBTOTAL of Itemized Independent Expenditures	2730.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 organization, election, or reelection in whole or in part of any campaign receipts provided by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WBAL	Purpose of Expenditure	Category/Type
Mailing Address 3800 Hopewell Avenue	Name of Federal Candidate supported or opposed by expenditure:	
City Baltimore State MD Zip Code 21211-		
Date 11 04 2002	Amount 3300.00	Transaction ID: 1204200222E9080
	Office Sought: House Senate Presidential	State: District:
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee WBAL	Purpose of Expenditure	Category/Type
Mailing Address 3800 Hopewell Avenue	Name of Federal Candidate supported or opposed by expenditure:	
City Baltimore State MD Zip Code 21211-		
Date 10 28 2002	Amount 1020.00	Transaction ID: 1029200237E8623
	Office Sought: House Senate Presidential	State: District:
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee WGAZ LLC	Purpose of Expenditure	Category/Type
Mailing Address 2221 E. Lamar Blvd. Suite 400	Name of Federal Candidate supported or opposed by expenditure:	
City Arlington State TX Zip Code 76008-		
Date 10 25 2002	Amount 3000.00	Transaction ID: 1028200227E8607
	Office Sought: House Senate Presidential	State: District:
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	7320.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 publication 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Kvms	Purpose of Expenditure	Category/Type
Mailing Address 101 S. Jackson	Name of Federal Candidate supported or opposed by expenditure: HUTCHINSON, TOM	
City Magnolia	State AR	Zip Code 71754
Date M M D D Y Y Y Y 10 24 2002	Amount 135.00	Transaction ID: 1204200221E8731
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	
	State: AR District: 00	
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Kvms	Purpose of Expenditure	Category/Type
Mailing Address 210 W. 200 N.	Name of Federal Candidate supported or opposed by expenditure: BISHOP, ROBERT WILLIAM	
City Logan	State UT	Zip Code 84321
Date M M D D Y Y Y Y 10 25 2002	Amount 720.00	Transaction ID: 1204200221E8934
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
	State: UT District: 01	
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Kvms	Purpose of Expenditure	Category/Type
Mailing Address 210 W. 200 N.	Name of Federal Candidate supported or opposed by expenditure: BISHOP, ROBERT WILLIAM	
City Logan	State UT	Zip Code 84321
Date M M D D Y Y Y Y 10 25 2002	Amount 1440.00	Transaction ID: 1028200227E8591
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
	State: UT District: 01	
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	2295.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 material prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.
My Commission expires: _____

Signature _____
Date M M D D Y Y Y Y

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Lak Noticias	Purpose of Expenditure	Category/Type
Mailing Address Drawer 1454	Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN	
City: Stafford State: TX Zip Code: 77487-1454	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: TX District: 00	
Date: 11/14/2002 Amount: 390.00 Transaction ID: 1204200222E9471	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Lorraine Network	Purpose of Expenditure	Category/Type
Mailing Address 263 3rd Street	Name of Federal Candidate supported or opposed by expenditure:	
City: Baton Rouge State: LA Zip Code: 70801-	Office Sought: House Senate Presidential State: District:	
Date: 11/20/2002 Amount: 18000.00 Transaction ID: 1121200213E88E2	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Midwest Radio	Purpose of Expenditure	Category/Type
Mailing Address 1024 3RD Street	Name of Federal Candidate supported or opposed by expenditure: COLEMAN, NORM	
City: Hudson State: WI Zip Code: 54016-	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: MN District: 00	
Date: 11/01/2002 Amount: 11025.00 Transaction ID: 110420020E8589	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	29415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	29415.00

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 reproduction 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 _____, 2002.

My Commission expires: _____

Signature _____ Date: _____ NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM SX

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	--	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Peace Enterprise		Purpose of Expenditure	Category Type
Mailing Address 324 South Cedar Street		Name of Federal Candidate supported or opposed by expenditure: CORNYN, JOHN	
City Peace	State TX	Zip Code 79772	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential
Date MM DD YYYY 11 01 2002	Amount 430.86	Transaction ID: 1204200222E9475	State: TX District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee SEAg Net		Purpose of Expenditure	Category Type
Mailing Address 90 Pine Dr.		Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY	
City Kansasville	State FL	Zip Code 34738	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential
Date MM DD YYYY 10 29 2002	Amount 9360.00	Transaction ID: 1204200222E9044	State: GA District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Eastern Radio Representatives		Purpose of Expenditure	Category Type
Mailing Address 800 E. Las Colinas Blvd. Suite 680		Name of Federal Candidate supported or opposed by expenditure:	
City Irving	State TX	Zip Code 75039	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential
Date MM DD YYYY 11 20 2002	Amount 8146.50	Transaction ID: 1121200213E8706	State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	17937.36
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in connection 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WSAP AM	Purpose of Expenditure	Category/Type
Mailing Address 2221 E. Lamar Blvd. Suite 400	Name of Federal Candidate supported or opposed by expenditure: GORNBYN, JOHN	
City State Zip Code Arlington TX 76006	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	
Date M N D D Y Y Y Y 10 25 2002	State: TX District: 00	
Amount 3000.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1028200227E8608		

Full Name (Last, First, Middle, Initial) of Payee WEMO	Purpose of Expenditure	Category/Type
Mailing Address P.O. Box 878	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY	
City State Zip Code Savannah GA 31498	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	
Date M N D D Y Y Y Y 10 24 2002	State: GA District: 06	
Amount 870.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1204200221E8628		

Full Name (Last, First, Middle, Initial) of Payee WEMO	Purpose of Expenditure	Category/Type
Mailing Address P.O. Box 878	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code Savannah GA 31498	Office Sought: House Senate Presidential	
Date M N D D Y Y Y Y 10 25 2002	State: District:	
Amount 870.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1204200221E8827		

(a) SUBTOTAL of Itemized Independent Expenditures	4740.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 or 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
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Full Name (Last, First, Middle, Initial) of Payee WST Mailing Address One Julian Price Place City State Zip Code Charlotte NC 28208- Date Amount M M D D Y Y Y Y 10 28 2002 1580.00 Transaction ID: 1029200232E8621	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: HAYES, ROBERT GANNON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>NC</u> District: <u>08</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WBT Mailing Address One Julian Price Place City State Zip Code Charlotte NC 28208- Date Amount M M D D Y Y Y Y 10 28 2002 1580.00 Transaction ID: 1029200232E8620	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>NC</u> District: <u>00</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WBYN Mailing Address 280 Mill Street City State Zip Code Boysertown PA 18513- Date Amount M M D D Y Y Y Y 10 25 2002 1353.60 Transaction ID: 1029200227E8583	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: GERLACH, JIM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>PA</u> District: <u>08</u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	4513.60
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, 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 reproduction in whole or in part of any campaign materials prepared by the candidate, via campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER COU11278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WCAE	Purpose of Expenditure	Category/Type
Mailing Address 191 Whiteledge Rd.	Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH	
City: Rutherfordton State: NC Zip Code: 28138	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	
Date: 10 / 30 / 2002 Amount: 63.00	State: NC District: 00	
Transaction ID: 1204200227E8970	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee WCBM	Purpose of Expenditure	Category/Type
Mailing Address 1728 Relianceown Rd	Name of Federal Candidate supported or opposed by expenditure:	
City: Pikeville State: MD Zip Code: 21208	Office Sought: House Senate Presidential	
Date: 10 / 25 / 2002 Amount: 2100.00	State: District:	
Transaction ID: 1028200227E8595	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee WCFB	Purpose of Expenditure	Category/Type
Mailing Address 1398 East Rd.	Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH	
City: Morganton State: NC Zip Code: 28658	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	
Date: 10 / 25 / 2002 Amount: 170.00	State: NC District: 00	
Transaction ID: 1204200227E8957	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	2333.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 do not involve the financing of dissemination, distribution, or reproduction 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (RE FURT)	FEC IDENTIFICATION NUMBER
National Right to Life Political Action Committee	C00111270

Full Name (Last, First, Middle, Initial) of Payee WEMJAM Mailing Address Country Club Rd. City Gilford State NH Zip Code 03247 Date M M D D Y Y Y Y 10 29 2002 Amount 144.00 Transaction ID: 1204200222E9030	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: BUNNUNU, JOHN E Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: NH District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WIFNO Mailing Address 111 VETERANS BLVD. City Melrose State LA Zip Code 70005 Date M M D D Y Y Y Y 11 21 2002 Amount 900.00 Transaction ID: 1204200222E9473	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: Office Sought: House Senate Presidential State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WGAC Mailing Address 124 North Bell Air City Evans State GA Zip Code 30809 Date M M D D Y Y Y Y 10 25 2002 Amount 1080.00 Transaction ID: 1028200222E8582	Purpose of Expenditure Category Type Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: GA District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	2424.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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, the campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------



Full Name (Last, First, Middle, Initial) of Payee WGAC Mailing Address 124 North Sel Av City: Evans State: GA Zip Code: 30809-	Purpose of Expenditure Category Type
Date: M M D D Y Y Y Y 10 25 2002 Amount: 1080.00 Transaction ID: 1028200227E8581	Name of Federal Candidate supported or opposed by expenditure: Office Sought: House Senate Presidential State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WGAU Mailing Address 850 Bobbin Mill Rd. City: Athens State: GA Zip Code: 30601-	Purpose of Expenditure Category Type
Date: M M D D Y Y Y Y 10 25 2002 Amount: 102.00 Transaction ID: 1204200221E8898	Name of Federal Candidate supported or opposed by expenditure: Office Sought: House Senate Presidential State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WGAU Mailing Address 850 Bobbin Mill Rd. City: Athens State: GA Zip Code: 30601-	Purpose of Expenditure Category Type
Date: M M D D Y Y Y Y 10 25 2002 Amount: 102.00 Transaction ID: 1204200221E8898	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential State: GA District: 03 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	1284.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 replication 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 _____, 2002.

My Commission expires: _____

Signature _____ Date: M M D D Y Y Y Y

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

EP

Full Name (Last, First, Middle, Initial) of Payee WGIG	Purpose of Expenditure	Category Type
Mailing Address 117 Marina Drive	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAGEY	
City St. Simons Island	State GA	Zip Code 31522
Date 10 25 2002	Amount 1800.00	Transaction ID: 1204200221E8974
	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: GA District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee WGMA	Purpose of Expenditure	Category Type
Mailing Address 301 W. Main Street	Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH	
City Spartanburg	State NC	Zip Code 28160
Date 10 29 2002	Amount 40.00	Transaction ID: 1204200221E9002
	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: NC District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

EP

Full Name (Last, First, Middle, Initial) of Payee WGNC	Purpose of Expenditure	Category Type
Mailing Address 850 Bonbrin Mill Rd.	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAGEY	
City Athens	State GA	Zip Code 30606
Date 10 30 2002	Amount 2570.00	Transaction ID: 1204200221E9062
	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: GA District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	4510.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 or 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C0011278
----------------------------------------------------------------------------------	---------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WGSE	Purpose of Expenditure	Category Type
Mailing Address 300 Monty Bridge Rd.	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY	
City State Zip Code Legreene GA 30247	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 03	
Date 10 29 2002	Amount 255.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Transaction ID: 1204200222E9040		
Full Name (Last, First, Middle, Initial) of Payee WGST	Purpose of Expenditure	Category Type
Mailing Address 1819 Peachtree Street	Name of Federal Candidate supported or opposed by expenditure: GREGORY, J PHILLIP MD	
City State Zip Code Norcross GA 30071	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 11	
Date 10 25 2002	Amount 8450.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Transaction ID: 1028200227E8698		
Full Name (Last, First, Middle, Initial) of Payee WGST	Purpose of Expenditure	Category Type
Mailing Address 1819 Peachtree Street	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY	
City State Zip Code Norcross GA 30071	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 03	
Date 10 25 2002	Amount 8450.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Transaction ID: 1028200227E8698		

(a) SUBTOTAL of Itemized Independent Expenditures	13155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 reproduction 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 _____, 2002.
My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 290 / 317
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WLOEWMYN Mailing Address 1203 Harris St. City State Zip Code Eden NC 27288- Date M M D D Y Y Y Y 10 25 2002 Amount 175.00 Transaction ID: 1204200222E9091	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NC District: 01 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WMAG Mailing Address 544 Mulberry Street City State Zip Code Macon GA 31203- Date M M D D Y Y Y Y 10 25 2002 Amount 1260.00 Transaction ID: 1028200227E6576	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 01 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WMCG Mailing Address 807 Belvue Ave. City State Zip Code Dublin GA 31021- Date M M D D Y Y Y Y 10 30 2002 Amount 255.00 Transaction ID: 1204200222E9064	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 01 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	1890.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, and 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 or 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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WPFJ Mailing Address 233 E. Palmer Street City State Zip Code Franklin NC 28734 Date 10 25 2002 Amount 130.00 Transaction ID: 1204200221E8978	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: NC District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WFHT Mailing Address 10 Monument Rd. City State Zip Code Bala Cynwyd PA 19004 Date 10 25 2002 Amount 6000.00 Transaction ID: 1028200227E8597	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: GERLACH, JIM Office Sought: <input checked="" type="checkbox"/> House Senate Presidential State: PA District: 05 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WPOL Mailing Address 93 Salem Valley Rd. City State Zip Code Winston Salem NC 27103 Date 10 25 2002 Amount 200.00 Transaction ID: 1204200221E8956	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: NC District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	6330.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert, aid, 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, the campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Walr Mailing Address 209 CNN Centre City Atlanta State GA Zip Code 30303- Date M M D D Y Y Y Y 10 25 2002 Amount 1150.00 Transaction ID: 1028200227E8580	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 09 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Category/Type
Full Name (Last, First, Middle, Initial) of Payee Walr Mailing Address 209 CNN Centre City Atlanta State GA Zip Code 30303- Date M M D D Y Y Y Y 10 25 2002 Amount 1150.00 Transaction ID: 1028200227E8579	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: GINGREY, J PHILLIP MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: GA District: 11 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Category/Type
Full Name (Last, First, Middle, Initial) of Payee Wbdlq Mailing Address 6490 Geratoga Rd. City Dubuque State IA Zip Code 52002- Date M M D D Y Y Y Y 10 25 2002 Amount 352.00 Transaction ID: 1204200221E8831	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: NUSSLE, JAMES ALLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: IA District: 02 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Category/Type

(a) SUBTOTAL of Itemized Independent Expenditures	2652.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 _____, 2002.

My Commission expires: _____, 2002.

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 305 / 317
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C0011278
----------------------------------------------------------------------------------	-----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Wbdq	Purpose of Expenditure	Category/Type
Mailing Address 8480 Saratoga Rd.	Name of Federal Candidate supported or opposed by expenditure: GANSKE, GREG	
City State Zip Code Discharge IA 62002-	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	
Date Amount M M P P Y Y Y Y 10 24 2002 352.00	State: IA District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1204200221E8832		
Full Name (Last, First, Middle, Initial) of Payee Wbrnd	Purpose of Expenditure	Category/Type
Mailing Address 305 Washington Ave	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code Towson MD 21204-	Office Sought: House <input type="checkbox"/> Senate Presidential	
Date Amount M M D D Y Y Y Y 10 25 2002 1050.00	State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1204200221E8837		
Full Name (Last, First, Middle, Initial) of Payee Wbnk	Purpose of Expenditure	Category/Type
Mailing Address 1561 13th Ave	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY	
City State Zip Code Columbus GA 31901-	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	
Date Amount M M D D Y Y Y Y 10 24 2002 150.00	State: GA District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Transaction ID: 1204200221E8824		

(a) SUBTOTAL of itemized Independent Expenditures	1552.00
(b) SUBTOTAL of unitemized Independent Expenditures	0.00
(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, the campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
-----------------------------------------------------------------------------------------	-----------------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Wgrr/wgpl/wgpn	Purpose of Expenditure	Category/Type
Mailing Address 195 McGregor	Name of Federal Candidate supported or opposed by expenditure: SUNUNU, JOHN E	
City Manchester	State NH	Zip Code 03102
Date 10 25 2002	Amount 3720.00	Transaction ID: 1028200227E8619
	Office Sought: House <input checked="" type="checkbox"/> Senate Presidential	State: NH District: 00
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee WHME	Purpose of Expenditure	Category/Type
Mailing Address 81300 Ironwood Rd.	Name of Federal Candidate supported or opposed by expenditure: CHOCOLA, JOSEPH CHRISTOPHER	
City South Bend	State IN	Zip Code 48314
Date 10 25 2002	Amount 2070.00	Transaction ID: 1028200227E8586
	Office Sought: <input checked="" type="checkbox"/> House Senate Presidential	State: IN District: 03
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Wfcl	Purpose of Expenditure	Category/Type
Mailing Address 214 TV Circle	Name of Federal Candidate supported or opposed by expenditure:	
City Savannah	State GA	Zip Code 31403
Date 10 30 2002	Amount 1005.00	Transaction ID: 1031200238E8665
	Office Sought: House Senate Presidential	State: _____ District: _____
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	6785.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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, the campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WNAX Mailing Address 1609 E. Hwy. 50 City State Zip Code Yankton SD 57078 Date M D Y Y Y Y 10 25 2002 Amount 1700.00 Transaction ID: 1204200221E8859	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: THUNE, JOHN Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: SD District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WNAX Mailing Address 1609 E. Hwy. 50 City State Zip Code Yankton SD 57078 Date M D Y Y Y Y 10 25 2002 Amount 1000.00 Transaction ID: 1028200227E8594	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: JANKLOW, WILLIAM J Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: SD District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WNAX Mailing Address 1609 E. Hwy. 50 City State Zip Code Yankton SD 57078 Date M D Y Y Y Y 10 25 2002 Amount 2000.00 Transaction ID: 1028200227E8604	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: THUNE, JOHN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: SD District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	4700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 publication 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 _____, 2002.
My Commission expires: _____

Signature _____ Date _____
NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (if Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C06111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee WNAX Mailing Address 1609 E. Hwy. 50 City State Zip Code Yankton SD 57078- Date Amount M D Y Y Y Y 10 25 2002 1000.00 Transaction ID: 1028200227E8593	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: THUNE, JOHN Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: SD District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WNAX Mailing Address 1609 E. Hwy. 50 City State Zip Code Yankton SD 57078- Date Amount M D Y Y Y Y 10 25 2002 1700.00 Transaction ID: 1204200221E8858	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: JANKLOW, WILLIAM J Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: SD District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee WNAX Mailing Address 1609 E. Hwy. 50 City State Zip Code Yankton SD 57078- Date Amount M D Y Y Y Y 10 25 2002 2000.00 Transaction ID: 1028200227E8603	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: JANKLOW, WILLIAM J Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: SD District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of itemized Independent Expenditures	4700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FEC IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Web	Purpose of Expenditure	Category/Type
Mailing Address 133 Pipsan Dr.	Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH	
City Canton	State NC	Zip Code 28716
Date MM DD YYYY 10 25 2002	Amount 130.00	Transaction ID: 1204200221E8945
	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NC</u> District: <u>00</u>
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee Web	Purpose of Expenditure	Category/Type
Mailing Address 1801 West Peachtree	Name of Federal Candidate supported or opposed by expenditure: CHAMBLISS, SAXBY	
City Atlanta	State GA	Zip Code 30309
Date MM DD YYYY 11 01 2002	Amount 4500.00	Transaction ID: 110420029E8688
	Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>GA</u> District: <u>00</u>
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

Full Name (Last, First, Middle, Initial) of Payee WSMB	Purpose of Expenditure	Category/Type
Mailing Address 1450 Poydras	Name of Federal Candidate supported or opposed by expenditure:	
City New Orleans	State LA	Zip Code 70112
Date MM DD YYYY 11 20 2002	Amount 1530.00	Transaction ID: 1121200213E8702
	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	6250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 or 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 _____, 2002.

Notary Commission expires: _____

Signature _____ Date MM DD YYYY _____

NOTARY PUBLIC

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 314 / 317
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee	FED IDENTIFICATION NUMBER C00111278
----------------------------------------------------------------------------------	----------------------------------------

Full Name (Last, First, Middle, Initial) of Payee Wtge Mailing Address 926 Government Street City State Zip Code Baton Rouge LA 70802 Date Amount M M D D Y Y Y Y 11 20 2002 2250.00 Transaction ID: 1521200213E8698	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: Office Sought: House Senate Presidential State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Wtaz Mailing Address 200 Radio Dr. City State Zip Code Lexington NC 27292 Date Amount M M D D Y Y Y Y 10 25 2002 1600.00 Transaction ID: 1028200227E8550	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: NC District: 09 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle, Initial) of Payee Wtu Mailing Address 4405 Providence Lane, Ste G City State Zip Code Winston Salem NC 27106 Date Amount M M D D Y Y Y Y 10 25 2002 500.00 Transaction ID: 1204200221E8958	Purpose of Expenditure Name of Federal Candidate supported or opposed by expenditure: DOLE, ELIZABETH Office Sought: House <input checked="" type="checkbox"/> Senate Presidential State: NC District: 09 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	4350.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 _____, 2002.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

