

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)				
National Right to Life Political Action				
A. Full Name, Mailing Address and Zip Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	Postage	11/15/2000	7.55	McCullum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	Postage	11/15/2000	31.85	Starr-OR-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	Postage	11/15/2000	6.97	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	Postage	11/15/2000	31.85	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	McCullum-FL-Senate	11/15/2000	6.93	McCullum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
First Union Bank P.O. Box 864 Brunswick, GA 31520-	Transp, Lodging	10/27/2000	897.40	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

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

NOTARY PUBLIC

Signature _____ Date _____