

(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 Person	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
KACT 502 Washington Street The Dalles, OR 97058-	radio ad	10/26/2000	42.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KAGD 4309 S. 6th Street Klamath Falls, OR 97603-	Radio Ad	10/27/2000	72.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KBJD 600m Roguelea Lane Grants Pass, OR 97526-	Radio Ad	10/27/2000	165.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KALM North Hwy, 63 Thayer, MO 65791-	Radio Ads	10/20/2000	232.20	Ashcroft-MO-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KALM North Hwy, 63 Thayer, MO 65791-	Radio Ads	10/20/2000	232.20	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KAMQ 121 S. Canal Suite C Carlsbad, NM 88221-	Radio Ad	10/20/2000	30.00	Redmond-NM-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures	_____
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures	_____
(c) <b>TOTAL</b> 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 \_\_\_\_\_, 19 \_\_\_\_\_

My Commission Expires:

NOTARY PUBLIC

Signature \_\_\_\_\_ Date \_\_\_\_\_