

(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 Payee	Purpose of expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
KCKN Old Clovis Highway Roswell, NM 88201-	Radio Ad	10/19/2000	64.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KCKN Old Clovis Highway Roswell, NM 88201-	Radio Ad	10/19/2000	64.00	Redmond-NM-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KCMX 1438 Ross Waley Medford, OR 97501	Radio Ad	10/26/2000	750.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KDAZ	radio Ad	11/02/2000	120.75	Redmond, NM-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KDAZ	Radio Ad	10/27/2000	258.75	OKelley-NM-CD#1 <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
KDAZ	Radio Ad	10/27/2000	258.75	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 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 can not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

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

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____