

(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
KREI 1401 KREI Blvd. Farmington, MO 63640	Radio Ad	10/30/2000	630.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KREI 1401 KREI Blvd. Farmington, MO 63640	Radio Ad	10/30/2000	630.00	Ashcroft-MO-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KRMG	radio ad	10/27/2000	1,520.00	Swing-OK-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KRMG	radio ad	10/27/2000	1,520.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KRNT	Radio Ad	10/27/2000	325.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KRSY 119 Cuba Avenue Alamogordo, NM 88310-	Radio Ad	10/19/2000	30.00	Redmond-NM-Senate <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 are not received for 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 _____