

(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 Payor	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
Reunion Broadcasting	radio ad	10/27/2000	375.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Ria Rojas National Right to Life, Comm. 419 7th St. NW Suite 500 Washington, DC 20004	10/30/00 Payroll	10/30/2000	1,458.33	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
RYAN SMITH P.O. Box 1120 Eugene, OR 97440-	Radio Ads	11/07/2000	75.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Salem Radio 600 East Las Colina Blvd. Suite 560 Irving, TX 75039-	Radio Ad	11/02/2000	7,857.00	Allen-VA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Salem Radio 600 East Las Colina Blvd. Suite 560 Irving, TX 75039-	Radio Ad	11/02/2000	1,275.00	Hayes-NC-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Salem Radio 600 East Las Colina Blvd. Suite 560 Irving, TX 75039-	Radio Ad	11/02/2000	612.00	Tiberi-OH-CD#12 <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 _____, 19 _____

My Commission expires: _____

NOTARY PUBLIC

Signature _____ Date _____