

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)				
National Right to Life Political Action				
A. Payer 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
WFPG P.O.Box 500-940 Marathon, FL 33550-	Radio Ad	10/26/2000	32.00	McCullum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFIA 304 Post Office Alley Louisville, KY 40202	Radio Ad	10/19/2000	360.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFIA 304 Post Office Alley Louisville, KY 40202	Northrup-KY-CD#3-Radio Ad	10/19/2000	360.00	Northrup-KY-CD#3-Radio Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFIR 1002 Newman Dr. Salem, VA 24153-	Radio Ad	10/20/2000	550.00	Allan-VA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFIR 1002 Newman Dr. Salem, VA 24153-	Radio Ad	10/20/2000	550.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFIA 4002 Gandy Blvd. Tampa, FL 33611	Radio Ad	10/26/2000	466.67	McCullum-FL-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 did not involve the financing or 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 _____