

(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
WGRF 1133 Lincoln Avenue Evansville, IN 47714	Ad	10/19/2000	338.33	Whitfield for Cong Comm-KY-CD1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGRF 1133 Lincoln Avenue Evansville, IN 47714	radio Ads	10/19/2000	338.33	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGRF 1133 Lincoln Avenue Evansville, IN 47714	Radio Ad	10/26/2000	46.67	Hostettler-TN-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGRF 1133 Lincoln Avenue Evansville, IN 47714	Radio Ad	10/19/2000	338.34	Hostettler-TN-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGRF 1133 Lincoln Avenue Evansville, IN 47714	Radio Ad	10/26/2000	46.67	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGRF 1133 Lincoln Avenue Evansville, IN 47714	Radio Ad	10/26/2000	46.67	Whitfield-KY-CD#1 <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