

(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
WJFJ	Radio Ad	10/27/2000	95.00	Taylor-NC-CD#11 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJLS	Radio Ad	10/27/2000	240.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJRC	Radio Ad	10/27/2000	57.50	Jones-NC-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJNC	Radio Ad	10/27/2000	57.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJNO 3071 Continental Drive 33047-	Radio Ad	10/23/2000	200.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJNO 3071 Continental Drive 33047-	Radio Ad	10/23/2000	200.00	Shaw-FL-CD#22 <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 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 _____