

(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
WZYX	Radio Ad	10/27/2000	100.00	Hilleary-TN-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WZYX	Radio Ad	10/27/2000	100.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Ingrid Walker National Right to Life 419 7th Street NW, Suite 500 Washington, DC 20004-	10/30/00 Payroll	10/30/2000	645.83	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Ingrid Walker National Right to Life 419 7th Street NW, Suite 500 Washington, DC 20004-	11/15/00 Payroll	11/15/2000	119.23	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Waveworks 1106 N. Glebe Rd. Suite 100 Arlington, VA 22201	radio ad	10/31/2000	359.22	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOTO	Radio Ad	10/31/2000		GWBush, President <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 \_\_\_\_\_, 20\_\_\_\_

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC