

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Right to Life of Michigan Political Action Committee				
Full Name, Mailing Address & 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
Western American Mailers 720 Monroe NW Grand Rapids, MI 49503		9-22-00	14200.64 Memo	Spencer Abraham US Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Van Dyke Printing P.O. Box 9463 Wyoming, MI 49509	Print flier	9/27/00	600.00	Mike Rogers 8th Congressional District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Central Michigan Paper P.O. Box 2649 Grand Rapids, MI 49501	Paper for flier #2	9/27/00	4,648.05	See allocation below <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		9/27/00	1,743.02 Memo	George W. Bush President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9/27/00	1,743.02 Memo	Spencer Abraham U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		9/27/00	581.01 Memo	Al Gore President <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 5,248.05	
(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 reproduction 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 _____, 2000.

My Commission expires _____

NOTARY PUBLIC

Signature _____

Date _____