

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

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FEC MAIL ROOM

2000 OCT 26 P 3:46

1. NAME OF COMMITTEE (In full) National Right to Life Political Action Committee	2. FEC IDENTIFICATION NUMBER CDD111278
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 419 7th St NW, Suite 500	3. <input type="checkbox"/> This committee qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20004	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding General (Type of Election)
 election on 11/07/2000 in the State of DC
 Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>10/01/2000</u> through <u>10/18/2000</u>		
6. (a) Cash on Hand January 1, 20 <u>00</u>		502,339.98
(b) Cash on Hand at Beginning of Reporting Period	2,163,503.97	
(c) Total Receipts (from Line 19)	451,162.27	3,005,816.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2,634,668.24	3,508,156.59
7. Total Disbursements (from Line 30)	1,341,575.22	2,215,065.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,293,091.02	1,293,091.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
 Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9630
 Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Amaria C. Natividad

Signature of Treasurer

Date

10/26/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(Revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE National Right to Life Political Action Committee	REPORT COVERING PERIOD FROM 10/01/2000 TO: 10/18/2000	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. RECEIPTS		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	71,912.52	395,218.33
ii. Unitemized	379,249.75	2,607,566.40
iii. Total (add i and ii)	451,162.27	3,002,754.73
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c)	451,162.27	3,002,754.73
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		3,081.88
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	451,162.27	3,005,816.61
20. Total Federal Receipts (subtract line 18 from line 19)	451,162.27	3,005,816.61
II. DISBURSEMENTS		
21. Operating Expenditures:		
a. Shared Federal/Non Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		9,032.93
c. Total Operating Expenditures (add a i, a ii, and b)		9,032.93
22. Transfers to Affiliated/Other Party Committees		14,928.95
23. Contributions to Federal Candidates/Committees and Other Political Committees		29,700.00
24. Independent Expenditures (use Schedule E)	1,341,575.22	2,181,353.69
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))(use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c)		50.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	1,341,575.22	2,215,065.57
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	1,341,575.22	2,215,065.57
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	451,162.27	3,002,754.73
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	451,162.27	3,002,754.73
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		9,032.93
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)		9,032.93

SCHEDULE A ITEMIZED RECEIPTS

FOR LINE NUMBER 11.A.I.

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NATL. RIGHT TO LIFE COMM.

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DAVID K BATTAGLIA 3338 WALLACE DR PITTSBURGH PA 15227 RECEIPT FOR GENERAL	OCCUPATION	10/06/00	531.00
	YTD TOTAL	531.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR BOB GATES 4016 LYNNWOOD CT FRANKLIN TN 37069 RECEIPT FOR GENERAL	OCCUPATION	10/02/00	250.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS THOMAS BUSH 529 HOLLYHILL DR LEXINGTON KY 40503 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/10/00	200.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR EDMUND GARBE 415 COBBLESTONE DR AURORA IL 60506 RECEIPT FOR GENERAL	RETIRED OCCUPATION ASSISTANT MANAGER	10/13/00	125.00
	YTD TOTAL	375.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS G R SIMMONS PO BOX 24 GLENDALE AZ 85311 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/05/00	100.00
	YTD TOTAL	250.00	

SUBTOTAL OF RECEIPTS THIS PAGE

1,206.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS AL RITZ 1301 SE RIVERSIDE DR EVANSVILLE IN 47713 RECEIPT FOR GENERAL	CARD MANAGEMENT CORP OCCUPATION FINANCIAL SERVICES	10/04/00	2,500.00
	YTD TOTAL	2,500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
M J GUNDLACH 205 SAINT REGIS LN FLORISSANT MO 63031 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/06/00	100.00
	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JEFFREY&DIANE VESELY PO BOX 560 MAGALIA CA 95954 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	450.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR BILL RUNYAN PO BOX 738 BOYD TX 76023 RECEIPT FOR GENERAL	SELF-EMPLOYED OCCUPATION	10/02/00	100.00
	YTD TOTAL	375.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR WILLIAM J RICE PO BOX 728 BROOMALL PA 19008 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/04/00	200.00
	YTD TOTAL	225.00	

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3,350.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR KEITH GLENTZER 36585 ROAD 196 WOODLAKE CA 93286	WOODLAKE UNION HIGH OCCUPATION TEACHER	10/11/00	100.00
RECEIPT FOR GENERAL	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR TOM ELDREDGE UNIT 202 3699 BROADBRIDGE AVE STRATFORD CT 06614	OCCUPATION	10/13/00	100.00
RECEIPT FOR GENERAL	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
WANDA FRANZ PHD 913 HAWTHORNE AVE MORGANTOWN WV 26505	OCCUPATION	10/10/00	1,000.00
RECEIPT FOR GENERAL	YTD TOTAL	1,000.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS LAWRENCE PERO 2247 BETHEL HYGIENE RD BETHEL OH 45106	OCCUPATION RETIRED	10/11/00	25.00
RECEIPT FOR GENERAL	YTD TOTAL	525.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS GREGORY VAUPOTIC 323 TOWPATH LN CHESHIRE CT 06410	OCCUPATION	10/02/00	100.00
RECEIPT FOR GENERAL	YTD TOTAL	250.00	

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1,325.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
P L BERBERICH 22 SOUTHBRIDGE CT SIMSBURY CT 06070 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/02/00	200.00
	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS V W SUELLAU 52 FOXCROFT LN MANHASSET NY 11030 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	100.00
	YTD TOTAL	350.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
ANNE PERRI 4975 SW 65TH AVE PORTLAND OR 97221 RECEIPT FOR GENERAL	BEST BUY IN TOWN INC OCCUPATION BUSINESS OWNER	10/02/00	250.00
	YTD TOTAL	350.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS MARJORIE E WATZ 804 HEMLOCK LN ROCKFORD IL 61107 RECEIPT FOR GENERAL	SELF OCCUPATION RETIRED HOMEMAKER	10/13/00	100.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS CYNTHIA ARCHWAMETY 1407 E 33RD DR KEARNEY NE 68847 RECEIPT FOR GENERAL	ARC OF BUFFALO COUNT OCCUPATION DIRECTOR OF OFFICE	10/04/00	1,000.00
	YTD TOTAL	1,025.00	

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1,650.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR MATTHEW BROWN N54W21609 LOGAN DR MENOMONEE FALLS WI 53051 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	50.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MARY R REIDY 106 BALL RD APT B SYRACUSE NY 13215 RECEIPT FOR GENERAL	OCCUPATION	10/02/00	500.00
	YTD TOTAL	700.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JERRY OUELLETTE 4273 CHERRY HILL DR ORCHARD LAKE MI 48323 RECEIPT FOR GENERAL	RETIRED FROM FORD MO OCCUPATION PLANT OPERATIONS MGR	10/02/00	250.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR RALPH R WRIGHT 1818 JACKSONS CREEK DR MARIETTA GA 30068 RECEIPT FOR GENERAL	CORDOVA CAPITAL OCCUPATION BUSINESS	10/03/00	50.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JAMES G SAHAKIAN 340 LAFAYETTE ST MANCHESTER MI 48158 RECEIPT FOR GENERAL	OCCUPATION	10/05/00	50.00
	YTD TOTAL	250.00	

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900.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DR & MRS ERNEST C DEEDS 13709 85TH AVE N MAPLE GROVE MN 55369		10/06/00	1,000.00
	OCCUPATION RETIRED		
RECEIPT FOR GENERAL	YTD TOTAL		1,000.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JOHN J KRAMER RR 3 BOX 363 CALIFORNIA KY 41007		10/02/00	175.00
	OCCUPATION		
RECEIPT FOR GENERAL	YTD TOTAL		275.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS ROSE MCDUGAL 44 CAPTAINS DR ISLIP NY 11751		10/06/00	500.00
	OCCUPATION HOUSEWIFE		
RECEIPT FOR GENERAL	YTD TOTAL		500.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
LORETTA P MCDONOUGH 711 S GROVE ST URBANA IL 61801		10/10/00	100.00
	OCCUPATION RETIRED		
RECEIPT FOR GENERAL	YTD TOTAL		250.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS THOMAS H WARTA 6410 E 30TH AVE HUTCHINSON KS 67502		10/03/00	100.00
	OCCUPATION		
RECEIPT FOR GENERAL	YTD TOTAL		250.00

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1,875.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS RONALD BABCOCK 7374 PERIWINKLE DR SARASOTA FL 34231		10/03/00	150.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	350.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS BOB FISCHER PO BOX 2444 AVILA BEACH CA 93424		10/03/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	275.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
BLANCH L POULIN 1215 PECKS CANYON RD YAKIMA WA 98908		10/10/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS RANDALL WEYANDT AMERICAN EMBASSY BANGKOK PO BOX 52 APO AP 96546	U. S. DEPT OF STATE	10/03/00	200.00
RECEIPT FOR GENERAL	OCCUPATION ADMIN OFFICER		
	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
HELEN M MCHUGH 31 OLIVER ST CHATHAM NJ 07928		10/05/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	250.00	

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650.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DAVID VAN DYEN 2027 KENWOOD CT ROYAL OAK MI 48067		10/03/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	300.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
CHARLOTTE HUST 5306 BRAESHEATHER DR HOUSTON TX 77096		10/03/00	500.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	500.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
KEITH & ERNA KOSTUCH 11 BRETAGNE CIR LITTLE ROCK AR 72223	ALLTEL CORPORATION	10/06/00	250.00
RECEIPT FOR GENERAL	OCCUPATION EXECUTIVE		
	YTD TOTAL	250.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR PAUL SHEA 104 WOODFIELD RD MIDDLEBURY CT 06762		10/10/00	500.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	500.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MISS MARGARET DREISENERD 189 DREISENERD RD GLO MONROE MD 63369		10/13/00	100.00
RECEIPT FOR GENERAL	OCCUPATION RETIRED		
	YTD TOTAL	300.00	

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1,450.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS STEVE RIGLING 3852 CINCINNATI BROOKVILLE RD HAMILTON OH 45013 RECEIPT FOR GENERAL	RIGLING ELECTRIC INC OCCUPATION BUSINESS OWNER	10/13/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
FRED R REIKOWSKY 625 GLENWOOD ST SW NORTH CANTON OH 44720 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/13/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
G M TALLMAN 830 HAZELWOOD BLVD JACKSON MI 49203 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/04/00	200.00
	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS MICHAEL BUSKMILLER 9627 VISTA OAKS DR DALLAS TX 75243 RECEIPT FOR GENERAL	LUCENT TECHNOLOGIES OCCUPATION TECHNICAL MANAGER	10/04/00	250.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DUANE DIXON PO BOX 266 DAWSON IL 62520 RECEIPT FOR GENERAL	SAINTE JOHNS HOSPITAL OCCUPATION RESPIRATORY THERAPIS	10/02/00	175.00
	YTD TOTAL	425.00	

SUBTOTAL OF RECEIPTS THIS PAGE

1,625.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS J JOSEPH SHEEHAN 3113 FELLOWSHIP RD BASKING RIDGE NJ 07920 RECEIPT FOR GENERAL	OCCUPATION	10/02/00	100.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS FREDERICK T WEIMER 423 RAMBLEWOOD DR APT A GLEN ELLYN IL 60137 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/04/00	500.00
	YTD TOTAL	1,000.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR RICHARD C LECHLEITNER 208 GREENWOOD DR NEW CUMBERLAND PA 17070 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/02/00	50.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS COSTER GERARD 27 E 73RD ST NEW YORK NY 10021 RECEIPT FOR GENERAL	OCCUPATION HOUSEWIFE	10/02/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS VIVIAN S HOLMES 197 OLD WAYNESBORO RD FAIRFIELD PA 17320 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	25.00
	YTD TOTAL	210.00	

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1,175.00

10/18/00

PAGE 11

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JACOB T REMPEL PO BOX 217 HENDERSON NE 68371 RECEIPT FOR GENERAL	OCCUPATION RETIRED FARMER YTD TOTAL	10/03/00 600.00	100.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
AMY SHEPPARD 293 WASHINGTON ST NORWICH CT 06360 RECEIPT FOR GENERAL	SELF EMPLOYED OCCUPATION SOCIAL WORKER YTD TOTAL	10/02/00 400.00	150.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR NORBERT REDEGELD 128 SOUNDVIEW AVE WHITE PLAINS NY 10606 RECEIPT FOR GENERAL	OCCUPATION RETIRED YTD TOTAL	10/04/00 3,955.00	3,955.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS R HINTERSCHIED 328 S BROADLEIGH RD COLUMBUS OH 43209 RECEIPT FOR GENERAL	OCCUPATION YTD TOTAL	10/05/00 500.00	500.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS MARK K DONOHUE 2819 W TERRACE DR TAMPA FL 33609 RECEIPT FOR GENERAL	OCCUPATION YTD TOTAL	10/05/00 400.00	100.00

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4,805.00

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DR & MRS FORREST KRAUSE 508 APACHE CT GALLUP NM 87301 RECEIPT FOR GENERAL	R.M.C.H. OCCUPATION PHYSICIAN	10/13/00	200.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS SUSAN R GORDON 1212 NW 12TH ST ANDREWS TX 79714 RECEIPT FOR GENERAL	BRIAN E GORDON MD OCCUPATION BOOKKEEPER	10/06/00	500.00
	YTD TOTAL	750.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS NANCY MCCREIGHT 1538 4 MILE POST RD HUNTSVILLE AL 35802 RECEIPT FOR GENERAL	SOUTHWOOD PRESBYTERI OCCUPATION CHILDRENS DIRECTOR	10/04/00	500.00
	YTD TOTAL	1,000.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS JULIANNE ZELOY 500 E LANCASTER AVE APT 112A WAYNE PA 19087 RECEIPT FOR GENERAL	SR. TERESE/KRISTIN C OCCUPATION TEACHER	10/03/00	250.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR THOMAS F HUBERT 3565 HIDDEN LAKE LN SE GRAND RAPIDS MI 49546 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	100.00
	YTD TOTAL	300.00	

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1,550.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JOHN THOMETZ 5214 N WESTERN AVE # 108 CHICAGO IL 60625	OCCUPATION	10/12/00	150.00
RECEIPT FOR GENERAL	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR GEORGE T MCDUFFIE 1611 LONGBOURN ST CINCINNATI OH 45230	OCCUPATION	10/12/00	250.00
RECEIPT FOR GENERAL	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JERRY L CARROLL PO BOX 2 CEDAR CREST NH 87008	OCCUPATION	10/02/00	100.00
RECEIPT FOR GENERAL	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DANIEL WRIGHT 3728 NW 16TH ST NEWCASTLE OK 73065	OCCUPATION	10/04/00	50.00
RECEIPT FOR GENERAL	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR TIMOTHY OBRIEN 52689 WESTCREEK DR MACOMB MI 48042	OCCUPATION	10/03/00	100.00
RECEIPT FOR GENERAL	YTD TOTAL	460.00	10.00

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660.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS KAREN FARMERIE 1173 GROUSE RUN DR BETHEL PARK PA 15102 RECEIPT FOR GENERAL	OCCUPATION	10/03/00	250.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DR PETER PERNICONE 2068 HUTTON PT LONGWOOD FL 32779 RECEIPT FOR GENERAL	FLORIDA HOSPITAL OCCUPATION PATHOLOGIST	10/11/00	100.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS KATHY MOREIRA 7046 KENNESAW CT STOCKTON CA 95219 RECEIPT FOR GENERAL	OCCUPATION	10/12/00	65.00
	YTD TOTAL	215.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS LINDA LDEFFLER 30 HOPE ST MANSFIELD MA 02048 RECEIPT FOR GENERAL	OCCUPATION	10/03/00	100.00
	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR PETER FULLEN 45 ROLLING KNOLLS DR MIDDLETOWN NJ 07748 RECEIPT FOR GENERAL	OCCUPATION	10/04/00	100.00
	YTD TOTAL	400.00	

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615.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
LEONCIA PATTERSON 2013 S A ST RICHMOND IN 47374		10/03/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	250.00	
<hr/>			
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS HELEN E DOHERTY 3626 279TH AVE CANTON MN 55922		10/10/00	500.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	675.00	
<hr/>			
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DR M E RAUSCH TOWN&COUNTRY VETERINARY CL 1210 KALISTE SALOOM RD LAFAYETTE LA 70508	TOWN & COUNTRY VET C	10/03/00	800.00
RECEIPT FOR GENERAL	OCCUPATION VETERINARIAN		
	YTD TOTAL	800.00	
<hr/>			
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DR KERRY DEAN AND DR GREG DEAN 2337 DOLPHIN CT HENDERSON NV 89014	SOUTHWEST EMERGENCY	10/03/00	1,000.00
RECEIPT FOR GENERAL	OCCUPATION DOCTOR		
	YTD TOTAL	1,000.00	
<hr/>			
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JAMES H KOAN II 2361 ANCHOR CT HOLT MI 48842	LANSING CHRISTIAN SC	10/12/00	500.00
RECEIPT FOR GENERAL	OCCUPATION SUPERINTENDENT		
	YTD TOTAL	555.00	
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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JOHN O'DONNELL 4132 N CALLE VISTA CIUDAD TUCSON AZ 85750		10/06/00	75.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DR & MRS RANDALL SPARE PO BOX 869 ASHLAND KS 67831		10/03/00	150.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	350.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS SHANE CAMPBELL 3235 S 1150 E GREENTOWN IN 46936	DELPHI OCCUPATION ENGINEER	10/02/00	500.00
RECEIPT FOR GENERAL	YTD TOTAL	1,180.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DR & MRS TODD A MILLER APT 1213 13542 N MANZANITA LN FOUNTAIN HILLS AZ 86268		10/03/00	250.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
ROSALIE WALSH 718 CRAWFORD ST OXON HILL MD 20745		10/02/00	150.00
RECEIPT FOR GENERAL	OCCUPATION RETIRED		
	YTD TOTAL	450.00	

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1,125.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
CAROL D LEONARDS 4502 MCCAIN RD CROWLEY LA 70526		10/05/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	475.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
CHAD LENZ 3902 S 1ST ST UNION GAP WA 98903		10/02/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	334.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JIM WILSON 24 POPLAR LN ELIZABETHTOWN PA 17022	EARL B. LEHMAN INC	10/02/00	200.00
RECEIPT FOR GENERAL	OCCUPATION SALES		
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DANIEL J FENNELL 48 W EAGLE RD APT 205 HAVERTOWN PA 19083		10/03/00	25.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR HENRY SEMENUK 3372 KNIARD DR OXFORD MI 48370		10/02/00	175.00
RECEIPT FOR GENERAL	OCCUPATION RETIRED		
	YTD TOTAL	225.00	

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600.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MARILYN BENSON PO BOX 85 FORT DEFIANCE AZ 86504 RECEIPT FOR GENERAL		10/03/00	100.00
	OCCUPATION		
	YTD TOTAL	250.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DR JOHN YADGIR 3116 W RIVERLAND DR MEQUON WI 53092 RECEIPT FOR GENERAL	MILWAUKEE MEDICAL CL OCCUPATION PHYSICIAN	10/12/00	500.00
	YTD TOTAL	500.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS HOWARD KAUFFMANN 2724 PEACHTREE RD NW ATLANTA GA 30305 RECEIPT FOR GENERAL		10/13/00	300.00
	OCCUPATION		
	YTD TOTAL	300.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
H MECH 24 KINGS LN GROVE CITY PA 16127 RECEIPT FOR GENERAL		10/11/00	300.00
	OCCUPATION		
	YTD TOTAL	300.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JOHN HOCHREITER 974 DODGE RD GETZVILLE NY 14068 RECEIPT FOR GENERAL	SELF-EMPLOYED/USPS OCCUPATION SALES/RCA	10/03/00	500.00
	YTD TOTAL	500.00	

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1,700.00

10/18/00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR ARTHUR THODE JR 16 MILDRED RD MERIDEN CT 06450		10/03/00	120.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	360.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR CHARLES MUCKENTHALER 7492 RAINSWEEP LN SAN DIEGO CA 92119		10/10/00	100.00
RECEIPT FOR GENERAL	OCCUPATION RETIRED		
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS LYNN COMERCI 1516 ATLAS RD WHEELING WV 26003		10/03/00	125.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS GAIL MCDAVID OL MOUNT CARMEL CHURCH PO BOX 175 CHATAIGNIER LA 70524		10/05/00	199.00
RECEIPT FOR GENERAL	OCCUPATION HOMEMAKER		
	YTD TOTAL	349.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DONALD G DIMMICK 1230 W 8TH ST APT 105 LOS ANGELES CA 90017	L A DEPT OF WATER AN	10/06/00	35.00
RECEIPT FOR GENERAL	OCCUPATION CUSTODIAN		
	YTD TOTAL	335.00	

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579.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MARY KENNEDY 307 S MONTGOMERY ST APT B OJAI CA 93023 RECEIPT FOR GENERAL	SELF EMPLOYED OCCUPATION ARTIST	10/06/00	250.00
	YTD TOTAL	550.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
LIBBY C HERMAN 151 FOUNTAIN AVE PISCATAWAY NJ 08854 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	100.00
	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS BRUCE HENDERSON 3730 BURNING TREE DR BLOOMFIELD HI 48302 RECEIPT FOR GENERAL	SELF EMPLOYED OCCUPATION ORTHOPEDIC SURGEON	10/04/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
FRANCIS DSCILOWSKI 420 S FRANKLIN ST PALMYRA PA 17078 RECEIPT FOR GENERAL	CAPITAL BLUE CROSS OCCUPATION SALES DIRECTOR	10/03/00	250.00
	YTD TOTAL	450.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
JEANNE CARLINO 23267 S ROSEDALE CT SAINT CLAIR SHORES MI 48080 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	240.00
	YTD TOTAL	240.00	

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1,340.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS DONNA GONG 5622 W EL PASO AVE FRESNO CA 93722 RECEIPT FOR GENERAL	COMMUNITY MEDICAL CE	10/12/00	500.00
	OCCUPATION	10/11/00	150.00
	LABORATORY SCIENTIST		
	YTD TOTAL	750.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DONALD KLINKER 7814 MAPLE ST RUSSELLS POINT OH 43348 RECEIPT FOR GENERAL		10/02/00	199.00
	OCCUPATION		
	YTD TOTAL	219.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MARY MORDARSKI 5444 MAPLE ST DEARBORN MI 48126 RECEIPT FOR GENERAL		10/13/00	100.00
	OCCUPATION		
	YTD TOTAL	300.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR MARK E OWEN PO BOX 370 MURFREESBORO AR 71958 RECEIPT FOR GENERAL		10/11/00	100.00
	OCCUPATION		
	YTD TOTAL	300.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS TAMMY MONSON 3407 W HOOD AVE LOT 26 KENNEWICK WA 99336 RECEIPT FOR GENERAL		10/11/00	123.00
	OCCUPATION		
	YTD TOTAL	589.42	

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1,172.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
BETTY AVANT 208 W TROY ST BRUNSDIDGE AL 36010		10/13/00	104.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	206.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS JOSEPHINE KEGEL 6184 S 38TH ST MILWAUKEE WI 53221		10/11/00	100.00
RECEIPT FOR GENERAL	OCCUPATION	10/10/00	25.00
	YTD TOTAL	375.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JOHN HEGGESTAD 5533 CABAT LAKE CT FAIRFAX VA 22032	US MARINE CORPS	10/04/00	100.00
RECEIPT FOR GENERAL	OCCUPATION ACCOUNTANT		
	YTD TOTAL	300.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
ROBERT HUFFMAN 102 GOLDFINCH LN ASHEVILLE NC 28803		10/02/00	150.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	250.00	

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR ROB BESTGEN RR 2 BOX 86 DODGE CENTER MN 55927		10/11/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	300.00	

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579.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MARY DEMKO 10847 88TH ST N STILLWATER MN 55082		10/04/00	20.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS THOMAS HANNAFORD 1829 LOCKE CT OAKLEY CA 94561		10/02/00	250.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DONNIE BISHOP 2020 GLENBURN RD KINGSPORT TN 37660		10/12/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
ELLEN SIMONSEN 6101 W 139TH ST SAVAGE MN 55378		10/03/00	60.00
RECEIPT FOR GENERAL	OCCUPATION HOMEMAKER		
	YTD TOTAL	310.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
NICOLINA ROGOWSKI 45 WASHINGTON ST APT 34 METHUEN MA 01844		10/03/00	150.00
RECEIPT FOR GENERAL	OCCUPATION RETIRED		
	YTD TOTAL	370.00	

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580.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MICHAEL C GILLIAM 1711 32ND AVE S GREAT FALLS MT 59405 RECEIPT FOR GENERAL	US AIR FORCE OCCUPATION MISSILE LAUNCH OFFIC YTD TOTAL	10/12/00	2,000.00 4,500.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS SUSAN W HOLDER PO BOX 539 MURPHY NC 28906 RECEIPT FOR GENERAL	OCCUPATION YTD TOTAL	10/10/00	250.00 800.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
WALTER J DUDEK 6106 YINGER AVE DEARBORN MI 48126 RECEIPT FOR GENERAL	SELF EMPLOYED OCCUPATION TECHNICIAN YTD TOTAL	10/11/00	250.00 350.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DANIEL BEELEN 725 BENJAMIN AVE SE GRAND RAPIDS MI 49506 RECEIPT FOR GENERAL	OCCUPATION YTD TOTAL	10/02/00	250.00 500.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
TOM MORIARTY 2861 W 133RD AVE BROOMFIELD CO 80020 RECEIPT FOR GENERAL	OCCUPATION YTD TOTAL	10/13/00	200.00 450.00

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2,950.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR STANLEY HANEL 2300 CIENAGA ST SPC 61 OCEANO CA 93445	OCCUPATION RETIRED	10/02/00	200.00
RECEIPT FOR GENERAL	YTD TOTAL	600.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS ROSALIE KORENKIEWICZ 26 SUMMIT AVE NORRISTOWN PA 19403	OCCUPATION	10/02/00	100.00
RECEIPT FOR GENERAL	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR PETER STANO 4351 HUNTERS CIR E CANTON MI 48188	SELF-EMPLOYED OCCUPATION LAND DEVELOPER	10/06/00	200.00
RECEIPT FOR GENERAL	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS HERBERT D MARZ 20250 FERGUSON ST DETROIT MI 48235	OCCUPATION RETIRED	10/11/00	100.00
RECEIPT FOR GENERAL	YTD TOTAL	450.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR LARRY BENNETT PO BOX 190 DALLESPORT WA 98617	OCCUPATION	10/03/00	50.00
RECEIPT FOR GENERAL	YTD TOTAL	250.00	

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650.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS GREG SCHMIDT 4712 RIVER SHORE RD PORTSMOUTH VA 23703 RECEIPT FOR GENERAL	US AIR FORCE OCCUPATION ENGINEER YTD TOTAL	10/05/00 450.00	200.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
SARAH PETERSON 227 WOODRIDGE DR APT E301 WINTERSVILLE OH 43953 RECEIPT FOR GENERAL	OCCUPATION STUDENT YTD TOTAL	10/11/00 250.00	250.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DR RON LINZMEIER 2504 42ND ST TWO RIVERS WI 54241 RECEIPT FOR GENERAL	SELF EMPLOYED OCCUPATION CHIROPRACTOR YTD TOTAL	10/04/00 500.00	500.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
KATHRYN KOLTES PO BOX 364 WATKINS MN 55389 RECEIPT FOR GENERAL	OCCUPATION YTD TOTAL	10/02/00 450.00	100.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS DAVID FRANKS APT 10 1810 COMMONWEALTH AVE BRIGHTON MA 02135 RECEIPT FOR GENERAL	BOSTON COLLEGE OCCUPATION GRADUATE STUDENT YTD TOTAL	10/13/00 1,100.00	500.00

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1,550.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
SYLVIA MATTHIAE RR 3 BOX 1808 WADENA MN 56482		10/13/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS LINDA CURRIE 181 WELLINGTON LN ALAMO CA 94507		10/03/00	200.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	350.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS MARK OTTING 8111 STARRY NIGHT DR GERMANTOWN OH 45327	AIRBORNE EXPRESS OCCUPATION PILOT	10/11/00	50.00
RECEIPT FOR GENERAL	YTD TOTAL	1,050.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
WILLIAM R SCHWED 214 E 235TH ST EUCLID OH 44123		10/10/00	100.00
RECEIPT FOR GENERAL	OCCUPATION RETIRED		
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS MATT DALTON 12577 N 2ND ST PARKER CO 80134	LEASELINE OMC OCCUPATION LEASING BROKER	10/05/00	75.00
RECEIPT FOR GENERAL	YTD TOTAL	225.00	

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525.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JEFFREY FORTMAN 10504 CROCKETT ROAD NOKESVILLE VA 20181 RECEIPT FOR GENERAL	OCCUPATION	10/02/00	200.00
	YTD TOTAL	275.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
CYNTHIA L COX 1440 CLEAR DR BOLINGBROOK IL 60490 RECEIPT FOR GENERAL	IMR GLOBAL OCCUPATION PROGRAMMER ANALYST	10/05/00	500.00
	YTD TOTAL	600.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR J DAVID GARDNER 415 STONE WOOD SAN ANTONIO TX 78216 RECEIPT FOR GENERAL	OCCUPATION	10/10/00 10/03/00	100.00 100.00
	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
SHAWN JENKINS 668 GATE POST DR MOUNT PLEASANT SC 29464 RECEIPT FOR GENERAL	BENEFITFOCUS.COM OCCUPATION CEO	10/03/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
BEVERLY M PRINGLE 6160 PRINGLE AVE IMMOKALEE FL 34142 RECEIPT FOR GENERAL	OCCUPATION	10/13/00	100.00
	YTD TOTAL	300.00	

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1,500.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DAVID PIPHER 2741 VROOMAN RD JACKSON MI 49203		10/03/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS SALLY PERRICONE APT 12E 12 STUYVESANT OVAL NEW YORK NY 10009		10/13/00	50.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	350.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR COPELAND S BAKER 1013 WILSON PIKE BRENTWOOD TN 37027		10/13/00	200.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JON C BOUTORWICK 34821 MORAVIAN DR APT 111 STERLING HEIGHTS MI 48312	ELECTRONIC DATA SYST	10/04/00	750.00
RECEIPT FOR GENERAL	OCCUPATION		
	SYSTEMS ADMINISTRATO		
	YTD TOTAL	750.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS STEPHANIE NOSAL 4 SAINT MICHAEL DR SAINT PETERS MO 63376		10/04/00	125.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	275.00	

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1,225.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR EUGENE LANG 1780 FRIENDSHIP RD ABERDEEN OH 45101 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/11/00	100.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR LARRY OIKKONEN 616 CREST ST KINGSFORD MI 49802 RECEIPT FOR GENERAL	OCCUPATION	10/12/00	60.00
	YTD TOTAL	210.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DAVID TOMKINSON 5224 MARLTON PIKE TR 59 PENNSAUKEN NJ 08109 RECEIPT FOR GENERAL	LOCAL UNION 98 OCCUPATION ELECTRICIAN	10/02/00	500.00
	YTD TOTAL	1,500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS MATTHEW S GARRETT 2619 BELLAIRE DR SANFORD NC 27330 RECEIPT FOR GENERAL	MAGNETI MARELLI OCCUPATION COMPUTER TECHNICIAN	10/02/00	500.00
	YTD TOTAL	525.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
LOIS SCHWARTZ 15802 PARENT RD NEW HAVEN IN 46774 RECEIPT FOR GENERAL	PARKVIEW HOSPITAL OCCUPATION STAFF RN	10/13/00	250.00
	YTD TOTAL	400.00	

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1,410.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS HELENE M WENDLING 5195 BUCKINGHAM TROY MI 48098		10/03/00	200.00
	OCCUPATION		
RECEIPT FOR GENERAL	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS BRENDA HOFMAN 111 LIBERTY ST WAUPUN WI 53963	WESTRA CONSTRUCTION	10/03/00	200.00
	OCCUPATION		
RECEIPT FOR GENERAL	HR MANAGER		
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS GRETCHEN EID 10831 CANTAR CT ALBERTVILLE MN 55301		10/13/00	25.00
	OCCUPATION		
RECEIPT FOR GENERAL	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS PATTY AST 8402 E MULBERRY WICHITA KS 67226		10/03/00	100.00
	OCCUPATION		
RECEIPT FOR GENERAL	YTD TOTAL	220.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS LEE WALSH 5051 HOPI CIR BOISE ID 83709		10/02/00	200.00
	OCCUPATION		
RECEIPT FOR GENERAL	YTD TOTAL	700.00	

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725.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR DENTON HILMUS 514 W JEFFERSON AVE GREENWOOD MS 38930 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	110.00
	YTD TOTAL	275.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS SUSAN GANGEL 11628 BROOKWOOD AVE LEAWOOD KS 66211 RECEIPT FOR GENERAL	CHAD CO OCCUPATION PRESIDENT	10/06/00	500.00
	YTD TOTAL	600.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MAUREEN MCCAFFREY 2010 ARUNDEL RD MYRTLE BEACH SC 29577 RECEIPT FOR GENERAL	OCCUPATION HOMEMAKER	10/13/00	300.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS MARK BUSTAMANTE 1745 ROBINDALE AVE DEARBORN MI 48128 RECEIPT FOR GENERAL	OAKWOOD HOSPITAL OCCUPATION PHYSICIAN	10/13/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS LYNDA MAGIHL 122 CARDINAL ST LAKE JACKSON TX 77566 RECEIPT FOR GENERAL	OCCUPATION	10/12/00	250.00
	YTD TOTAL	260.00	

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1,660.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR ROBERT QUICK 14615 COBALT AVE ROSEMOUNT MN 55068 RECEIPT FOR GENERAL	TCF BANK OCCUPATION CONSUMER LENDER	10/04/00	1,000.00
	YTD TOTAL		1,000.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS KATHRYN VENESS 5N833 HARVEST CT SAINT CHARLES IL 60175 RECEIPT FOR GENERAL	OCCUPATION	10/03/00	286.00
	YTD TOTAL		361.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS DIANA OMSLEY 407 E NOTTINGHAM LN SPRINGFIELD MO 65810 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	200.00
	YTD TOTAL		235.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS ALISON GILMORE 114 GREENWOOD DR BEAUMONT TX 77705 RECEIPT FOR GENERAL	OCCUPATION	10/13/00	200.00
	YTD TOTAL		600.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR BRUCE LINK 101 GRAFTON WAY GOOSE CREEK SC 29445 RECEIPT FOR GENERAL	OCCUPATION	10/13/00	150.00
	YTD TOTAL		225.00

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1,836.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
SARA L HARTSAW 1405 W 4TH ST GILLETTE WY 82716 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	300.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JAME HARGNETT 11352 SHADY BROOK LN JACKSONVILLE FL 32223 RECEIPT FOR GENERAL	DEMETREE BROTHERS IN OCCUPATION ACCOUNTANT	10/02/00	250.00
	YTD TOTAL	350.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MS YVONNE KLEIN 4750 ROLLING RIDGE RD BISMARCK ND 58501 RECEIPT FOR GENERAL	OCCUPATION	10/13/00	100.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS ROBERT DEVERAUX 1525 E 35TH AVE SPOKANE WA 99203 RECEIPT FOR GENERAL	OCCUPATION	10/06/00	500.00
	YTD TOTAL	600.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
YASHINE SLAUGHTER 161 WIDMER RD WAPPINGERS FALLS NY 12590 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	208.00
	YTD TOTAL	208.00	

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1,358.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS ALVIN TOPOLSKI 127 WEMBLEY RD WILMINGTON DE 19808 RECEIPT FOR GENERAL	OCCUPATION	10/03/00	1,000.00
	YTD TOTAL		1,000.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JOHN HARDING 6369 CENTENNIAL CIR GLEN BURNIE MD 21061 RECEIPT FOR GENERAL	OCCUPATION	10/13/00	400.00
	YTD TOTAL		400.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JSSE BARRETT 2649 N PERSHING DR APT 4 ARLINGTON VA 22201 RECEIPT FOR GENERAL	SIDLEY & AUSTIN OCCUPATION LAWYER	10/05/00	500.00
	YTD TOTAL		500.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS PHILIP BELAND 8260 NEWPORT RD CATAWBA VA 24070 RECEIPT FOR GENERAL	OCCUPATION	10/03/00	500.00
	YTD TOTAL		500.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS FRANCIS J MAHONEY 2800 NE 14TH ST APT 1 FORT LAUDERDALE FL 33304 RECEIPT FOR GENERAL	OCCUPATION	10/02/00	500.00
	YTD TOTAL		500.00

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2,900.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS CYNTHIA LECLAIR 3687 COUNTY ROAD PP DE PERE WI 54115 RECEIPT FOR GENERAL	PAPER CONVERTING MAC OCCUPATION MAINTENANCE	10/11/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS DONETTE LAIR 21812 SUGAR LN ROGERS MN 55374 RECEIPT FOR GENERAL	OCCUPATION HOMEMAKER	10/03/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS LARRY RAKUNAS 1150 WILLOWGATE LN SAINT CHARLES IL 60174 RECEIPT FOR GENERAL	OCCUPATION HOMEMAKER	10/02/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR PHILIP STEIDINGER 6423 N 2300 EAST RD FAIRBURN IL 61739 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS JEFFERY PETERSEN 1801 BLOSSOM LN TYLER TX 75701 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	462.52
	YTD TOTAL	462.52	

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2,462.52

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR RAYMOND NADONLEY 6420 GARNETT DR CHEVY CHASE MD 20815	THE PRIMARY DAY SCHO OCCUPATION FACILITY COORDINATOR	10/11/00	100.00
RECEIPT FOR GENERAL	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR. & MRS. J FERRY 1481 HOLLOW TREE DR PITTSBURGH PA 15241	OCCUPATION	10/13/00	200.00
RECEIPT FOR GENERAL	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS JOHN CURTIN 170 BROOK ST DUMONT NJ 07628	OCCUPATION	10/02/00	25.00
RECEIPT FOR GENERAL	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR ARTHUR SIMONE JR 7121 BEECH TREE DR ELKINS PARK PA 19027	ALLEGHANY UNIVERSITY OCCUPATION CLINICAL PROFESSOR	10/05/00	200.00
RECEIPT FOR GENERAL	YTD TOTAL	1,200.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS MICHAEL E BRENNAN 51618 AUTUMN RIDGE DR GRANGER IN 46530	OCCUPATION	10/13/00	500.00
RECEIPT FOR GENERAL	YTD TOTAL	500.00	

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1,025.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
JIM & DONNA TEMBRACK 1212 36TH AVE N SAINT CLOUD MN 56303 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	150.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
SUSAN CASTLEBERRY 1041 CATANBA VALLEY DR CINCINNATI OH 45226 RECEIPT FOR GENERAL	OCCUPATION UNEMPLOYED	10/02/00	500.00
	YTD TOTAL	700.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS MARY LEWIS 948 SAILORS REEF FORT COLLINS CO 80525 RECEIPT FOR GENERAL	OCCUPATION RETIRED TEACHER	10/04/00	250.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS BARBARA K SCHREIBER 516 EUCLID AVE SHEBOYGAN WI 53083 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/11/00	500.00
	YTD TOTAL	900.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
CMDR EDMUND F FOLEY 869 C AVE SAN DIEGO CA 92118 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	75.00
	YTD TOTAL	225.00	

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1,475.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS L E TADEVICH 10489 TURTLE DOVE CT GRANGER IN 46530 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	250.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
JOHN J COLLINS 16039 10TH AVE FLUSHING NY 11357 RECEIPT FOR GENERAL	VERIZON COMMUNICATIO OCCUPATION LEGAL SECRETARY	10/11/00	100.00
	YTD TOTAL	225.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JOSEPH C OFENLOCH 10327 WALLACE AVE KANSAS CITY MO 64134 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/10/00	200.00
	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR GERALD J DONOVAN 160 WOODLAWN AVE SAINT PAUL MN 55105 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/10/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
ROSEMARY LURK 726 MAPLE ST CHIPPEWA FALLS WI 54729 RECEIPT FOR GENERAL	OCCUPATION	10/02/00	100.00
	YTD TOTAL	300.00	

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1,150.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS ROSEMARY HEGENBART 5266 ALTURA AVE LA CRESCENTA CA 91214 RECEIPT FOR GENERAL	NOT EMPLOYED OCCUPATION HOMEMAKER	10/03/00	100.00
	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
DAVE ROMANICK 1857 E CEDAR ST STAYTON OR 97383 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	100.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JACK M JOSEPH 18629 JEFFREY AVE CERRITOS CA 90703 RECEIPT FOR GENERAL	GATEWAY CITIES COUNC OCCUPATION DEP EXEC DIRECTOR	10/02/00	400.00
	YTD TOTAL	650.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS VINCENT KYLE 3802 WINKLER DRIVE EXT NW DOVER OH 44622 RECEIPT FOR GENERAL	SELF EMPLOYED OCCUPATION ACCOUNTANT	10/05/00	5,000.00
	YTD TOTAL	5,000.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
JAMES TRIPGDI 722 SWADE RD GLENSIDE PA 19038 RECEIPT FOR GENERAL	OCCUPATION	10/02/00	50.00
	YTD TOTAL	300.00	

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5,650.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JAMES FINNERTY JR 14 BLACKHORSE LN MEDIA PA 19063 RECEIPT FOR GENERAL	HVERFORD SCHOOL OCCUPATION MAINTENANCE	10/02/00	1,000.00
	YTD TOTAL		1,300.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
LIANNE E BREWER 2208 HEATHER MILL CT SPRINGFIELD IL 62704 RECEIPT FOR GENERAL	SELF EMPLOYED OCCUPATION MUSIC TEACHER	10/13/00	2,500.00
	YTD TOTAL		2,515.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
LARRY MARTIN 2890 BUTTERMILK CIR COLORADO SPRINGS CO 80918 RECEIPT FOR GENERAL	COMPUQ COMPUTER CORP OCCUPATION ENGINEER	10/04/00	75.00
	YTD TOTAL		585.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS D J KEATING JR UNIT 606 100 GRAYS LN HAVERFORD PA 19041 RECEIPT FOR GENERAL	OCCUPATION HOMEMAKER	10/03/00	300.00
	YTD TOTAL		300.00
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JAMES J DOWDALL 13954 PERSHING CRES JAMAICA NY 11435 RECEIPT FOR GENERAL	OCCUPATION	10/10/00	100.00
	YTD TOTAL		300.00

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3,975.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR GEORGE ZAMICHIEI 93 W MAIN ST STAFFORD SPRINGS CT 06076 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/05/00	100.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS MARCELLA R JONES 1022 S 25TH ST LAFAYETTE IN 47905 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/03/00	100.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR VINCE SCHMIDT 2011 VERDEN CT ALLISON PARK PA 15101 RECEIPT FOR GENERAL	OCCUPATION	10/02/00	300.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR WALTER KOECHOWSKI 704 E GLENOAKS BLVD GLENDALE CA 91207 RECEIPT FOR GENERAL	OCCUPATION	10/11/00	100.00
	YTD TOTAL	375.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR RONALD DOMBROSKI 222 TERRACE AVE TRUCKSVILLE PA 18708 RECEIPT FOR GENERAL	D & L CONSULTANTS OCCUPATION ASSISTANT MANAGER	10/06/00	250.00
	YTD TOTAL	350.00	

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850.00

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NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JOHN C ENRIGHT 524 W WABASH AVE ENID OK 73701 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/11/00	300.00
	YTD TOTAL	1,300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS WILLIAM COTTER 2116 WOODSIDE DR ARLINGTON TX 76013 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/06/00	100.00
	YTD TOTAL	250.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
PATRICIA NOONAN 9120 42ND ST PINELLAS PARK FL 33782 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/03/00	500.00
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JOSEPH M GUIFFRE PO BOX 7470 ALEXANDRIA VA 22307 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/05/00	500.00
	YTD TOTAL	750.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
EMIL FREY 4104 KIMBERS RD HARRISBURG PA 17112 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/10/00	50.00
	YTD TOTAL	272.70	

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1,450.00

SCHEDULE A ITEMIZED RECEIPTS

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ANY INFORMATION COPIED FROM SUCH REPORTS AND STATEMENTS MAY NOT BE SOLD OR USED BY ANY PERSON, OTHER THAN USING THE NAME AND ADDRESS OF ANY POLITICAL COMMITTEE TO SOLICIT CONTRIBUTIONS FROM SUCH COMMITTEE.

NATL. RIGHT TO LIFE COMM.

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
REV THOMAS J BURDICK 7050 BROCKTON AVE RIVERSIDE CA 92506 RECEIPT FOR GENERAL	DIOCESE OF SAN BERNA OCCUPATION CATHOLIC PRIEST	10/10/00	500.00
	YTD TOTAL	1,100.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR JAMES M RUCKER 7700 EAGLES HEAD CT ROCKVILLE MD 20855 RECEIPT FOR GENERAL	U.S.P.S. OCCUPATION LETTER CARRIER	10/02/00	400.00
	YTD TOTAL	400.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR FRANK P BASIL JR 409 W PROVIDENCE RD CLIFTON HEIGHTS PA 19018 RECEIPT FOR GENERAL	OCCUPATION	10/03/00	100.00
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
THERESEA M DOOLEY 534 N 29TH RD LA SALLE IL 61301 RECEIPT FOR GENERAL	OCCUPATION	10/13/00	25.00
	YTD TOTAL	325.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR KEITH DEUBLER APT 91 2501 W WICKENBURG WAY WICKENBURG AZ 85390 RECEIPT FOR GENERAL	OCCUPATION RETIRED	10/06/00	250.00
	YTD TOTAL	250.00	

SUBTOTAL OF RECEIPTS THIS PAGE

1,275.00

SCHEDULE A ITEMIZED RECEIPTS

FOR LINE NUMBER 11.A.I.

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NATL. RIGHT TO LIFE COMM.

NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR & MRS G SCHUETTINGER 545 E ETON DR TUCSON AZ 85704		10/12/00	250.00
RECEIPT FOR GENERAL	OCCUPATION RETIRED		
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MRS CATHY LARSON PO BOX 75 LANSE PA 16849		10/02/00	250.00
RECEIPT FOR GENERAL	SELF-EMPLOYED OCCUPATION HOMEMAKER		
	YTD TOTAL	500.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
AUGUST HEIN 18827 W ALKI AVE MEDICAL LAKE WA 99022		10/11/00	300.00
RECEIPT FOR GENERAL	U.S. AIR FORCE OCCUPATION OFFICER		
	YTD TOTAL	300.00	
NAME & ADDRESS	NAME OF EMPLOYER	DATE	AMOUNT
MR EDWARD PFEIFFER 3005 N MENARD AVE CHICAGO IL 60634		10/02/00	100.00
RECEIPT FOR GENERAL	OCCUPATION		
	YTD TOTAL	225.00	

SUBTOTAL OF RECEIPTS THIS PAGE

900.00

TOTAL THIS PERIOD

71,912.52

10/18/00

PAGE 46

I. RECEIPTS

COLUMN A
THIS PERIOD

COLUMN B
YEAR-TO-DATE

11A. INDIVIDUALS...

451,162.27

2,998,689.73

MEMO ENTRY UNITEMIZED

379,249.75

(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
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	364.63	Carroll-FL-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EJ P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,208.93	Keller-FL-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/16/2000	1,713.14	Panaredo-CO-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	295.87	Sessions-TC-CD#5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,298.61	Smith-UT-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,231.66	Putnam-FL-CD#12 <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 of communication, 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

(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
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	561.76	Rogan-CA-CD#27 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,412.28	Hillary-TN-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/16/2000	16,437.85	Santorum-PA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/19/2000	846.73	Sherwood-PA-CD#10 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	175.00	Brown-SC-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	620.44	Gallick-SC-CD#5 <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 of dissemination, distribution, or publication 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

(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
EG P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,298.61	Ratch-UT-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EJ P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	175.00	Ellison-SC-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
ED P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,342.22	Weldon-FL-CD#15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	986.17	Dickey-AR-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EV P.O. Box 75241 Baltimore, MD 21275-	Postage	10/19/2000	678.56	Galleghy-CA-CD#23 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EW P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	565.30	McCapps-CA-CD#22 <input type="checkbox"/> Support <input checked="" 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 referred 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

Signature

Date

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,503.33	Williams-TX-CD#9 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,678.50	Carper-DE-Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	642.69	Kelly-NY-CD#1 <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	4,372.21	Cantwell-WA-Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	3,574.12	Robb-Va-Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	251.87	Nethercutt-WA-CD#5 <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 _____

(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 Voter	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	587.91	Kosloy-WA-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	614.55	Davis-VA-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,557.31	Hart-PA-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	173.33	Schrock-VA-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	456.21	Miller-VA-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	407,975.85	CWBush-President <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 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 _____

By Commission Expires:

NOTARY PUBLIC

Signature

Date

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,210.19	Aderholt-AL-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	392.99	Rodriguez-CA-CD#20 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	190.64	Starr-OR-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	184.31	Kline-MN-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,449.15	Graves-MO-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	2,317.52	Grans-MS-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 his 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:

HEARBY PUBLIC

Signature

Date

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	4,096.66	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	2,003.71	Fletcher-KY-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	179.18	Rogers-MI-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	18,440.22	Ashcroft-MO-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	2,101.04	Burns-MT-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	2,101.04	Rehberg-MT-AL <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 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 _____

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	2,167.24	Redmond-NM-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,398.56	Jones-NC-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,320.61	Ferguson-NJ-CD#7 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,419.63	Saxton-NJ-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,608.53	Porter-NV-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	2,679.12	Ensign-NV-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 of dissemination, distribution, or republication in whole or in part of any campaign literature 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

(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 Payer	Purpose of Expenditure	Date (Month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	2,112.95	Northup-KY-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,716.90	Kline-KS-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,973.40	Whitfield-KY-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,025.75	Shaw-FL-CD#22 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	28,042.10	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,656.98	Taylor-NC-CD#11 <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 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 _____, 10 _____

My Commission expires: _____

NOTARY PUBLIC

Signature _____ Date _____

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	889.86	Tiberi-OH-CD#12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,431.74	Ewing-OK-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	17,850.53	Dewine-OH-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/16/2000	899.53	Kingston-GA-CD11 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	postage	10/18/2000	1,099.30	Barr-GA-CD#7 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	526.33	Glenn-CA-CD#2 <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 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

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	704.04	Lugar-IN-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	postage	10/18/2000	704.04	Hostettler-IN-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	2,202.41	Baker-IL-CD#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
BJ P.O. Box 75241 Baltimore, MD 21275-	postage	10/18/2000	824.79	Johnson-IL-CD#15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	785.98	Chambliss-GA-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	postage	10/18/2000	3,311.16	Mattlingly-GA-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 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

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/18/2000	1,109.56	Hayes-NC-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	174.33	Smith-IT-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EG P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	592.00	Rayos-NC-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-		10/04/2000	615.35	Jones-NC-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,151.29	Taylor-NC-CD#11 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,909.07	Redmond-NM-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 compensation, 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

(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 Payer	Purpose of Expenditure	Date (Month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	413.88	Tiberi-OH-CD#12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	695.39	Saxton-NJ-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	608.52	Ferguson-NJ-CD#7 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,336.91	Burns-MT-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,336.91	Rothberg-MT-AJ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	676.99	Porter-NV-CD1 <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 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 _____, 19 _____

My Commission expires:

NOTARY PUBLIC

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	15,354.16	DeWine-OH-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,210.25	Ensign-NV-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	167.93	Starr-OR-CD1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	493.42	Ewing-OK-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	223,331.47	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	295.26	Aderholt-AL-#4 <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 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

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	346.10	Rodriguez-CA-CD#20 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	560.39	Dickey-AR-4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	315.06	Schrock-VA-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	659.26	Hilleary-TN-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Sessions-TX-CD#5	10/04/2000	251.55	Sessions-TX-CD#5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	745.87	Sharwood-PA-CD#10 <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 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____
by Commission examiner: _____

NOTARY PUBLIC

Signature _____ Date _____

(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.
ED P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,063.49	Hart-PA-CD14 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	16,250.89	Santorum-PA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	5,405.43	Ashcroft-MO-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	392.38	Gullick-SC-CD15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	162.53	Kline-MN-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	423.21	Graves-MO-CD#6 <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 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 _____, 2000

My Commission expires: _____

NOTARY PUBLIC

Signature _____ Date _____

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	11,855.14	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	245.92	Shaw-FL-CD#22 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	586.64	Kingston-GA-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	462.95	Weldon-FL-CD#15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	463.65	Glenn-GA-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	386.66	Keller-FL-CDB <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 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 _____

(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 Voter	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
EG P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	465.39	Putnam-FL-CD#12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	494.84	Rogan-CA-CD#27 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	597.73	Gallegly-CA-CD#23 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,198.12	Tancredo-CO-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	614.20	Barr-GA-CD#7 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	312.39	Carroll-FL-CD#3 <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 _____, 20_____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

(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
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	2,392.60	Matttingly-GA-Senator <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	527.91	Chambliss-GA-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	157.84	Rogers-MI-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,240.90	Fletcher-KY-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	3,608.66	Abraham-KJ-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,398.75	Northrup-KY-CL#3 <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	_____

I make penalty at 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 _____, 19 _____

My Commission expires: _____

NOTARY PUBLIC

Signature _____ Date _____

(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 Recipient	Purpose of Expenditure	Date (month-day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	2,041.45	Grams-MN-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,111.58	Kline-KS-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,317.48	Whitfield-KY-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	1,169.29	Baker-IL-CD#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	726.54	Johnson-IL-CD#15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	357.22	Lugar-IN-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 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

(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)
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	357.83	Miller-VA-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	357.22	Hostettler-IN-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	482.62	Davis-VA-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	250.68	Koster-WA-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	6,069.95	ORobb-VA-Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EO P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	399.33	Williams-TX-CD#9 <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 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

Signature _____

Date _____

(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 Page	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	566.13	OKelly-NM-CD#1 <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	2,484.55	OCantwell-WA-Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	737.79	OCasper-DE-Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	201.31	Nethercutt-WA-CD#5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU P.O. Box 75241 Baltimore, MD 21275-	Postage	10/04/2000	497.96	OCapps-CA-CD#22 <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
KRCI 502 Washington Street The Dalles, OR 97058-	radio Ad	10/18/2000	560.00	GWBush, President <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 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 _____

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
KAGC 4309 S. 6th Street Klamath Falls, OR 97603-	Radio Ads	10/18/2000	960.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KAJD 600m Rogueles Lane Grants Pass, OR 97526-	radio Ad	10/18/2000	1,100.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KARN 700 Wellington Hills Rd. Little Rock, AR 72211-	Radio Ad	10/16/2000	1,440.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KAST 1006 W. Marine Dr. Astoria, OR 97103	Radio Ad	10/18/2000	789.00	Starr-OR-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KAST 1006 W. Marine Dr. Astoria, OR 97103	Radio Ad	10/18/2000	788.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KAYH 2201 S. Thompson Suite C7 Springdale, AR 72764-	Radio Ad	10/17/2000	457.15	GWBush, President <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 of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

submitted and sworn to before me this _____ day of _____, 20____

By Commission Expires: _____

NOTARY PUBLIC

Signature

Date

(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
KAYH 2201 S. Thompson Suite C7 Springdale, AR 72764-	Radio Ad	10/17/2000	457.15	Ewing-OK-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KAYR 3104 S. 70th Fort Smith, AR 72903-	Radio Ad	10/17/2000	600.00	Ewing-AK-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KAYR 3104 S. 70th Fort Smith, AR 72903-	Radio Ad	10/17/2000	600.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KBKB 1411 N. Roosevelt Ave Burlington, IA 52601-	Radio Ad	10/13/2000	288.00	Baker-IL-CD#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KBKB 1411 N. Roosevelt Ave Burlington, IA 52601-	Radio Ad	10/13/2000	288.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KBKR 614 W. Market Aberdeen, WA 98520	Radio Ad	10/17/2000	172.50	GWBush, President <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 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 _____, 19_____

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
KBKW 614 W. Market Aberdeen, WA 98520	Radio Ad	10/17/2000	172.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KBLL 1400 11th Avenue Helena, MT 59601	Radio Ad	10/18/2000	88.00	Burns-MT-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KRLL 1400 11th Avenue Helena, MT 59601	Radio Ad	10/18/2000	88.00	Rahberg-MT-Al. <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KBLL 1400 11th Avenue Helena, MT 59601	Radio Ad-	10/18/2000	88.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KRND 2600 N.E. Studio Rd. Bend, OR 97701	radio Ad	10/18/2000	688.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KBSN 2241 W. Main Moses Lake, WA 98837	Radio Ad	10/17/2000	54.26	Gorton-WA-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 any 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

(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
KBSH 2241 W. Main Moses Lake, WA 98837	radio Ad	10/17/2000	54.28	Nethercutt-WA-CD#5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KBSK 2241 W. Main Moses Lake, WA 98837	Radio Ad	10/17/2000	54.26	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KCMX 1438 Ross Anley Medford, OR 97501	Radio Ad	10/18/2000	10,500.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KDKA One Gateway Center Pittsburgh, PA 15222	Radio Ad	10/12/2000	1,175.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KDKA One Gateway Center Pittsburgh, PA 15222	Radio Ad	10/12/2000	1,175.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KSLD 2925 Northwest Avenue El Dorado, AR 71730	GWBush, President-R Radio ad	10/16/2000	128.00	GWBush, President-R radio ad <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 of dissemination, distribution, or republication in whole or in part of any campaign material 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

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)				
National Right to Life Political Action				
A. Polit 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
KELD 2825 Northwest Avenue El Dorado, AR 71730	Radio Ad	10/16/2000	128.00	Dickey-AR_CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KRX 4949 SW Macadam Portland, OR 97201-	Radio Ad	10/18/2000	15,000.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KEX 4949 SW Macadam Portland, OR 97201-	Radio Ad	10/18/2000	15,000.00	Starr-OR-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KFAY 24 East Meadow Suite 1 Fayetteville, AR 72701-	Radio Ad	10/16/2000	400.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KGA 1601 E. 57th Avenue Spokane, WA 99223-	Radio Ad	10/17/2000	200.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KGA 1601 E. 57th Avenue Spokane, WA 99223-	Radio Ad	10/17/2000	200.00	Nethercull-WA-CD#5 <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 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____

by Commission expires: _____

NOTARY PUBLIC

Signature

Date

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)				
National Right to Life Political Action				
A. Poll 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
KGR 1601 E. 57th Avenue Spokane, WA 99223-	Radio Ad	10/17/2000	200.00	Gorton-WA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KGMI 2219 Yew St. Bellingham, WA 98226	Radio Ad	10/17/2000	480.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KGMI 2219 Yew St. Bellingham, WA 98226	Radio ad	10/17/2000	480.00	Koster-WA-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KGMI 2219 Yew St. Bellingham, WA 98226	Radio Ad	10/17/2000	480.00	Gorton-WA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KSTS 1100 Mohawk Street Suite 280 Bakersfield, CA 93309-	Radio Ad	10/17/2000	1,200.00	Rodriguez-CA-CD#20 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KSTS 1100 Mohawk Street Suite 280 Bakersfield, CA 93309-	Radio Ad	10/17/2000	1,200.00	GWBush, President <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 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 _____, 19 _____

My Commission expires: _____

 Notary Public

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
KEMO 119 N. 3rd St. Hannibal, MO 63401	Radio Ads	10/11/2000	270.00	Baker-IL-CD#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KHKO 119 N. 3rd St. Hannibal, MO 63401	Radio Ads	10/11/2000	270.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KHOW 4695 S. Monaco St. Denver, CO 80237-	Radio Ad	10/16/2000	1,280.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KHOW 4695 S. Monaco St. Denver, CO 80237-	Radio Ad	10/16/2000	1,280.00	Tancredo-CO-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KLAM 2610 E. Cove Ave. La Grande, OR 97850-	radio Ad	10/18/2000	352.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KLKI 2407 Commercial Avenue Bainbridge, WA 98221-	Radio Ad	10/17/2000	173.33	GWBush, President <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 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 _____, 10 _____

My Commission expires: _____

NOTARY PUBLIC

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
KLKI 2407 Commercial Avenue Anacortes, WA 98221-	Radio Ad	10/17/2000	173.33	Gorton-WA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KLKI 2407 Commercial Avenue Anacortes, WA 98221-	Radio Ad	10/17/2000	173.34	Koster-WA-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KLOO 2840 Mario Street SE Albany, OR 97321-	radio Ad	10/18/2000	264.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KLOO 2840 Mario Street SE Albany, OR 97321-	Radio Ad	10/18/2000	352.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KLTT 2150 W. 29th Ave. Suite 300 Denver, CO 80211-	Radio Ad	10/16/2000	420.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KLTT 2150 W. 29th Ave. Suite 300 Denver, CO 80211-	radio ad	10/16/2000	420.00	Tancredo-CO-CD#6 <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 of dissemination, distribution, or republication in whole or in part of any campaign literature prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 2000

by _____
my commission expires _____

NOTARY PUBLIC

Signature _____

Date _____

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)				
National Right to Life Political Action				
R. Full Name, Mailing Address and Zip Code of Each Entry	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
KMBZ 4935 Bellinder Rd Shawnee Mission, KS 66205-	Radio Ads	10/12/2000	2,083.33	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KMBZ 4935 Bellinder Rd Shawnee Mission, KS 66205-	Ad	10/12/2000	2,083.34	Kline for Cong. Comm-KS-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KMBZ 4935 Bellinder Rd Shawnee Mission, KS 66205-	Ad	10/12/2000	2,083.33	Graves for Congress-KS-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KNPT 906 SW Alder Newport, OR 97165	Radio Ad	10/16/2000	80.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KOA 4695 S. Monaco ST. Denver, CO 80237-	Radio Ad	10/16/2000	1,350.00	Tancredo-CO-CD#6 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KOA 4695 S. Monaco ST. Denver, CO 80237-	Radio Ad	10/16/2000	1,350.00	GWBush, President <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, officer, or employee. 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.

submitted and sworn to before me this _____ day of _____, 19 _____

By Commission Expires: _____

NOTARY PUBLIC

Signature

Date

(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
KOLX 1912 Church Street Barling, AR 72923-	Radio Ad	10/16/2000	160.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KDMW 320 Emery St Omak, WA 98841-	Radio Ad	10/17/2000	40.00	Gorton-WA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KOCW 320 Emery St. Omak, WA 98841-	radio Ad	10/17/2000	40.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KONP 313 West 1st Street Port Angeles, WA 98362-	Radio Ad	10/17/2000	72.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KONP 313 West 1st Street Port Angeles, WA 98362-	Radio Ad	10/17/2000	72.00	Gorton-WA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KPNM 888 SW 5th, Suite 790 Portland, OR 97204-	Radio Ad	10/18/2000	575.00	GWBush, President <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 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 _____

(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
KEAM 888 SW 5th, Suite 790 Portland, OR 97204-	Radio Ad	10/18/2000	575.00	Starr-OR-CD#1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KPNW 1345 Olive Street Eugene, OR 97401-	Radio Ad	10/18/2000	3,500.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KQEN 1445 W. Harvard Roseburg, OR 97410-	Radio Ad	10/18/2000	380.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KQQZ 4187 Wawawai Rd. Pullman, WA 99163	radio ad	10/18/2000	90.68	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KQQZ 4187 Wawawai Rd. Pullman, WA 99163	radio Ad	10/18/2000	90.68	Nethercutt-WA-CD#5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KQQZ 4187 Wawawai Rd. Pullman, WA 99163	Radio Ad	10/18/2000	90.68	Gorton-WA-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 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

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal candidate supported or opposed by the Expenditure & office sought
KSD 10155 Corporate Square Dr. Saint Louis, MO 63132-	Radio Ad	10/12/2000	2,200.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KSRV 1725 N Oregon Street Ontario, OR 97914	Radio Ad	10/19/2000	415.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KSYG 2400 Cottondale Ln. Little Rock, AR 72202	radio ad	10/16/2000	960.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KTBR 2726 Diamond Lk. Blvd. Roseburg, OR 97470-	Radio ad	10/18/2000	150.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KTBR 2726 Diamond Lk. Blvd. Roseburg, OR 97470-	Radio Ad	10/18/2000	375.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KTCR 830 N. Columbia Center Blvd. Suite 137 Kennewick, WA 99336	Radio ad	10/17/2000	280.00	Gorton-WA-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, 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

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
KTCR 830 N. Columbia Center Blvd. Suite 132 Kennewick, WA 99336	Radio Ad	10/17/2000	280.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KTEL 112 NE 5th Avenue Milton Freewater, OR 97862-	Radio Ad	10/17/2000	93.33	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KTEL 112 NE 5th Avenue Milton Freewater, OR 97862-	Radio Ad	10/17/2000	93.34	Nethercutt-WA-CD#5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KTEL 112 NE 5th Avenue Milton Freewater, OR 97862-	Radio Ad	10/17/2000	93.33	Gorton-WA_Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KTFB 303 W. Broad Street Texarkana, TX 75501	radio Ad	10/16/2000	156.00	Lickey-AR-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KTFB 303 W. Broad Street Texarkana, TX 75501	Radio Ad	10/16/2000	156.00	GWBush, President <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 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 _____, 20____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

(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
KTIX 1000 SW 6th Street Pendleton, OR 97801-	radio Ad	10/18/2000	\$001.00	GW Bush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KUGN 4222 Commerce St. Eugene, OR 97402-	Radio Ad	10/18/2000	100.00	GW Bush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KUOR 6ND2000 W. University Siloam Springs, AR 72761-	Radio Ad	10/16/2000	300.00	GW Bush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KVG 1809 7th Avenue Suite 200 Seattle, WA 98101-	Radio Ad	10/17/2000	2,906.00	Koster-WA-CD12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KVG 1809 7th Avenue Suite 200 Seattle, WA 98101-	Radio Ad	10/17/2000	2,906.00	Gorton-WA-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KVG 1809 7th Avenue Suite 200 Seattle, WA 98101-	Radio Ad	10/17/2000	2,906.00	GW Bush, President <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, concert, or collusion 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____

By Commission Expires: _____

NOTARY PUBLIC

Signature _____ Date _____

(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
KVRC 11 South 3rd Street Arkadelphia, AR 71923	Radio Ad	10/16/2000	82.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KVRC 11 South 3rd Street Arkadelphia, AR 71923	Radio Ad	10/16/2000	82.50	Dickey-AR-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KWEN 423 Garrison Avenue Ft. Smith, AR 72901	radio ad	10/16/2000	320.00	Ewing-OK-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KWEN 423 Garrison Avenue Ft. Smith, AR 72901	Radio ad	10/16/2000	320.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KWRE 1255 N. Myrtle Warren, AR 71671	Radio Ad	10/16/2000	101.25	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KWRE 1255 N. Myrtle Warren, AR 71671	Radio Ad	10/16/2000	101.25	Dickey-AR-CD#4 <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 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

(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
KWRO 1270 W. 13th Street Coquille, OR 97423-	Radio Ad	10/18/2000	3,860.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KWVR 220 W. Main Street Enterprise, OR 97824-	radio Ad	10/18/2000	544.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KYKN 4205 Cherry Avenue Keizer, OR 97303	radio Ad	10/18/2000	3,996.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KZNS 125 Corporate Terrace Hot Springs, AR 71913	Radio ad	10/16/2000	280.00	Dickey-AR-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KZNS 125 Corporate Terrace Hot Springs, AR 71913	radio Ad	10/16/2000	280.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Midwestern 314 E. Front St. Traverse City, MI 49684-	Radio Ad	10/13/2000	2,670.00	Abraham-MI-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

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
Midwestern 314 E. Front St. Traverse City, MI 49684-	radio ad	10/13/2000	2,670.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRAZ 506 West 1st St. Crestview, FL 32536	Radio Ads	10/12/2000	150.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAAZ 506 West 1st St. Crestview, FL 32536	Ad	10/12/2000	150.00	McCullum for US Senate-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WARR 1541 Alta Dr. Suite 400 Whitehall, PA 18052-	Radio Ad	10/17/2000	1,650.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAFC 530 E. Alverde Clewiston, FL 33440-	McCullum for US Senate-FL-Senate-Ad	10/12/2000	2,700.00	McCullum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAFC 530 E. Alverde Clewiston, FL 33440-	Radio Ads	10/12/2000	2,700.00	GWBush, President <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 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

Signature

Date

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WALK 1853 442nd Ave Clinton, LA 52732-	Radio Ads	10/12/2000	159.38	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAKU 218 Ochlocknee Crawfordville, FL 32326-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	216.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAKU 218 Ochlocknee Crawfordville, FL 32326-	Radio Ads	10/12/2000	216.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAME 4421 Radio Dr. Louisville, KY 40218-	RADIADS	10/12/2000	4,500.00	GWBUSH, PRESIDENT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAMP 4421 Radio Dr. Louisville, KY 40218-	Ad	10/12/2000	4,500.00	Northrup for Congress-KY-#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WATH 300 Columbus Rd Athens, OH 45701-	Radio Ad	10/18/2000	224.00	GWBush, President <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 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 _____, 19 _____

By Commission official:

HOTARY PUBLIC

signature

Date

(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
WAXE 6690 N. US 1 Fort Pierce, FL 34946-	Radio Ads	10/11/2000	637.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAXE 6690 N. US 1 Fort Pierce, FL 34946-	Radio Ads	10/11/2000	637.50	McCullum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBBZ 651 Holiday Drive Pittsburgh, PA 15220-	Radio Ads	10/12/2000	6,450.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBBZ 651 Holiday Drive Pittsburgh, PA 15220-	Radio Ads	10/12/2000	6,450.00	Hart-PA-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBCH 119 W. State Street Hastings, MI 49058-	Radio Ad	10/13/2000	248.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBCH 119 W. State Street Hastings, MI 49058-	Radio Ad	10/13/2000	248.00	GWBush, President <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 _____

I, the undersigned, 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 _____, 2000.

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

(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
WBCT 77 Monroe Center, #1000 Grand Rapids, MI 49503-	Radio Ads	10/10/2000	2,175.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBCT 77 Monroe Center, #1000 Grand Rapids, MI 49503-	Ads	10/10/2000	2,175.00	Abraham Senate 2000-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBEX 45 W. Main Street Chillicothe, OH 45601	Radio Ad	10/16/2000	525.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
W3GB 8386 Bay Meadows Rd. Jacksonville, FL 32256	Radio Ad	10/17/2000	540.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
W3GB 8386 Bay Meadows Rd. Jacksonville, FL 32256-	radio ad	10/17/2000	540.00	Carroll-FL-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
W3GB 8386 Bay Meadows Rd. Jacksonville, FL 32256-	Radio Ad	10/17/2000	540.00	McCollum-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 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

(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
WBSF 2001 State Rd 715 Belle Glade, FL 33430-	Ads	10/12/2000	185.00	Friends of Shaw-FL-CD#22 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBSF 2001 State Rd 715 Belle Glade, FL 33430-	Ad	10/12/2000	185.00	McColum for US Senate-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBSF 2001 State Rd 715 Belle Glade, FL 33430-	Radio Ads	10/12/2000	185.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBGV 19 Street Sandusky, MI 48471-	Radio Ad	10/13/2000	360.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBGV 19 Street Sandusky, MI 48471-	Radio Ad	10/13/2000	360.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBT One Jullian Price Place Charlotte, NC 28208	Radio ad	10/16/2000	2,340.00	GWBush, President <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 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 _____, 19 _____

By commission expires: _____

NOTARY PUBLIC

Signature

Date

(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
WBT One Jullian Price Place Charlotte, NC 28208	Radio Ad	10/16/2000	2,340.00	Faves-NC-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBUT 1768 N. Main Street Butler, PA 16001	Radio Ad	10/17/2000	397.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBWN 236 Greenwood Bloomington, IL 61704	Radio Ads	10/12/2000	1,380.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBYB 1020 Hastings Traverse City, MI 49686	radio Ad	10/16/2000	267.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBYB 1020 Hastings Traverse City, MI 49686	Radio Ad	10/16/2000	267.50	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBYE W9W Broadcasting 1853 442nd Ave Clinton, TA 52732	Radio Ads	10/12/2000	159.38	GWBush, President <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 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 _____

By Commission Expires: _____

NOTARY PUBLIC

Signature

Date

(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
WBYF WPN Broadcasting 1853 442nd Ave Clinton, IA 52732-	Baker for Congress-IL-CD#17-Ads	10/12/2000	159.38	Baker for Congress-IL-CD#17-Ads <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBYN 280 Mill Street Soyertown, PA 19512-	Radio Ads	10/11/2000	3,248.64	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBZZ 651 Holiday Dr., Foster Plaza Pittsburgh, PA 15220-	Ads	10/12/2000	6,450.00	Bush for President, PA #1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCAR 32500 Park Lane Garden City, MI 48135-	Radio Ad	10/16/2000	3,500.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCAR 32500 Park Lane Garden City, MI 48135-	Radio Ad	10/16/2000	3,600.00	Abraham-KJ-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCBG 10960 John Wayne Dr. Greencastle, PA 17225-	Radio Ad	10/17/2000	1,785.00	GWBush, President <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 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 _____, 2000.

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought.
WCCF 4810 Deltona Dr. Punta Gorda, FL 33950-	Radio Ads	10/11/2000	400.00	Putnam-FL-CD#12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCCF 4810 Deltona Dr. Punta Gorda, FL 33950-	Radio Ads	10/11/2000	400.00	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCCF 4810 Deltona Dr. Punta Gorda, FL 33950-	Radio Ads	10/11/2000	400.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCEN 703 Berry Hill Rd. Milton, FL 32570-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	72.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCEN 703 Berry Hill Rd. Milton, FL 32570-	Radio Ads	10/12/2000	72.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCEN 2929 South Isabella Rd. Mt. Pleasant, FL 48858	Radio Ad	10/13/2000	400.00	Abraham-MI-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 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 _____, 20____

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

(See Reverse Side for Instructions)

NAME OF COMMITTEE (in Full) National Right to Life Political Action				
A. Poll Base, 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
WCEN 2929 South Isabella Rd. Mt. Pleasant, MI 48858	Radio Ad	10/13/2000	480.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WQGL 6050-6 Moncrief Jacksonville, FL 32209-	Radio Ads	10/11/2000	420.00	Carroll-FL-CDFR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WQGL 6050-6 Moncrief Jacksonville, FL 32209-	Radio Ads	10/11/2000	420.00	McColum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WQGL 6050-6 Moncrief Jacksonville, FL 32209-	Radio Ads	10/11/2000	420.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCIL 1431 Country Wise Drive Carterville, IL 62918-	Radio Ads	10/11/2000	770.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WZLW 4110 Centerpoint Dr. Suite 212 Fort Myers, FL 33916-	radio ad	10/16/2000	922.50	GWBush, President <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 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: _____

60209/00-0010

signature _____ Date _____

(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
WCKT 4110 Centerpoint Dr. Suite 212 Fort Myers, FL 33916-	Radio Ad	10/16/2000	922.50	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCMW 524 Ludington St., Suite 300 Escanaba, MI 49829-	Radio Ad	10/13/2000	570.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOMN 524 Ludington St., Suite 300 Escanaba, MI 49829-	Radio Ad	10/13/2000	570.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCOA 6585 North W Street Pensacola, FL 32505	Radio Ads	10/12/2000	450.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCOA 6585 North W Street Pensacola, FL 32505	McCollum for US Senate-FL-Senate-Ad	10/12/2000	450.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCOA 1301 Dublin Rd Columbus, OH 43215-	radio Ad	10/18/2000	7,500.00	Tiberi-OH-CD#12 <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 of dissemination, distribution, or reproduction in whole or in part of any campaign literature prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19 _____

By Commission Expires: _____

NOTARY PUBLIC

Signature

Date

(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
WCUL 1301 Dublin Rd Columbus, OH 43215-	Radio Ad	10/18/2000	7,500.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCRM 3448 Canal Street Fort Myers, FL 33916-	Radio Ads	10/12/2000	252.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCRM 3448 Canal Street Fort Myers, FL 33916-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	252.50	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCJP 610 Greenland Rd. Ontonagon, MI 49953-	Radio Ad	10/16/2000	180.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCUP 610 Greenland Rd. Ontonagon, MI 49953-	Radio Ad	10/16/2000	180.00	Abraham-MO-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCJR 77 Monroe Center #1000 Grand Rapids, MI 49503-	Radio Ads	10/10/2000	425.00	GWBush, President <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 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

(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
WCUZ 77 Monroe Center #1000 Grand Rapids, MI 49503-	Ads	10/10/2000	425.00	Abraham Senate 2000-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WDAN 1501 N. Washington Danville, IL 61832-	Radio Ads	10/11/2000	250.00	Johnson-IL-CD#15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WERN 1501 N. Washington Danville, IL 61832-	Radio Ads	10/11/2000	250.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCPA 28 W. Scribner Du Bois, PA 15801-	Radio Ad	10/17/2000	504.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WDEC 4192 John Young Parkway Orlando, FL 32804	Radio Ads	10/11/2000	2,000.00	McColum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WDBO 4192 John Young Parkway Orlando, FL 32804	Radio Ads	10/11/2000	2,000.00	GWBush, President <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	_____

I hereby 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 communication 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 _____ 10 _____
by Commission Expires: _____

NOTARY PUBLIC

Signature _____ Date _____

(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
WDBO 4192 John Young Parkway Orlando, FL 32804	Radio Ads	10/11/2000	2,000.00	Keller-FL-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WDBO 4192 John Young Parkway Orlando, FL 32804	Radio Ads	10/11/2000	2,000.00	Carroll-FL-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WDWS 2301 S. Neil Street Champaign, IL 61826-	Radio Ads	10/11/2000	425.00	Johrson-IL-CU#15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WCWS 2301 S. Neil Street Champaign, IL 61826-	Radio Ads	10/11/2000	425.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WEEU 34 W. 4th Street Reading, PA 19601-	Radio Ad	10/17/2000	700.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WEMJ 1909 W. 2nd Street Appleton, WI 54914-	Radio Ad	10/17/2000	750.00	GWBush, President <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 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 _____

(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
WFBE 4511 Miller Rd. Flint, MI 48507-	radio Ad	10/13/2000	595.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFBE 4511 Miller Rd. Flint, MI 48507-	Radio Ad	10/13/2000	595.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFBE 4511 Miller Rd. Flint, MI 48507-	radio ad	10/13/2000	595.00	Rogers-MI-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFDF 6317 Taylor Dr. Flint, MI 48507-	Radio Ad	10/13/2000	192.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFDF 6317 Taylor Dr. Flint, MI 48507-	Radio Ad	10/13/2000	192.00	Rogers-MI-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFDF 6317 Taylor Dr. Flint, MI 48507-	Radio Ad	10/13/2000	192.00	GWBush, President <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, 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: _____

FORM 70867C

Signature _____ Date _____

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Potential Candidate Supported or Opposed by the Expenditure & office sought
WFFG P.O.Box 500-940 Marathon, FL 33050-	Radio Ads	10/12/2000	280.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFFG P.O.Box 500-940 Marathon, FL 33050-	Ad	10/12/2000	280.00	McCollum for US Senate-FL-Senate <input checked="" type="checkbox"/> support <input type="checkbox"/> oppose
WFII 1301 Dublin RD Columbus, OH 43215-	Radio Ad	10/18/2000	3,000.00	Tiberi-OH-CD#12 <input checked="" type="checkbox"/> support <input type="checkbox"/> Oppose
WFII 1301 Dublin RD Columbus, OH 43215-	Radio Ad	10/18/2000	3,000.00	GWBush, President <input checked="" type="checkbox"/> support <input type="checkbox"/> oppose
WFTV 1160 Semoran Blvd., Suite B Orlando, FL 32807-	Radio Ads	10/11/2000	337.50	Keller-FL-CD#8 <input checked="" type="checkbox"/> support <input type="checkbox"/> Oppose
WFTV 1160 Semoran Blvd., Suite B Orlando, FL 32807-	Radio Ads	10/11/2000	337.50	GWBush, President <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 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:

HENRY PUBLIC

Signature _____ Date _____

(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
WFIV 1160 Semoran Blvd., Suite B Orlando, FL 32807-	Radio Ads	10/11/2000	337.50	Carroll-FL-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFIV 1160 Semoran Blvd., Suite B Orlando, FL 32807-	Radio Ads	10/11/2000	337.50	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFLA 4002 Gandy Blvd. Tampa, FL 33611	Radio Ads	10/11/2000	2,333.33	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFLA 4002 Gandy Blvd. Tampa, FL 33611	Putnam-FL-CD#12	10/11/2000	2,333.33	Putnam-FL-CD#12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFLA 4002 Gandy Blvd. Tampa, FL 33611	Radio Ads	10/11/2000	2,333.33	CWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFMB 3055 S. 4th Street Springfield, IL 62703-	Radio Ads	10/11/2000	1,140.00	CWBush, President <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 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

(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
WFTW 225 NW Hollywood Blvd. Fort Walton Beach, FL 32549-	Radio Ads	10/11/2000	1,630.00	McClellan-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFTW 225 NW Hollywood Blvd. Fort Walton Beach, FL 32549-	Radio Ads	10/11/2000	1,630.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WFUN 3226 Jefferson Rd, Ashtabula, OH 44004	Radio Ad	10/16/2000	350.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGDN 3601 W. Woods Rd. Gladwin, MI 48624-	Radio Ad	10/13/2000	150.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGDN 3601 W. Woods Rd. Gladwin, MI 48624-	Radio Ad	10/13/2000	150.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGEE 115 S. Jefferson Street Oshkosh, WI 54906-	Radio Ad	10/17/2000	1,280.00	GWBush, President <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, 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 _____

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
WGSY 305 Hwy 315 Pittston, PA 18640-	Radio Ad	10/17/2000	2,400.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGIL 154 E. Simmons Galesburg, IL 61401	Radio Ads	10/11/2000	567.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGIL 154 E. Simmons Galesburg, IL 61401	Radio Ads	10/11/2000	567.00	Baker-TL-CDPT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGRY 6514 Old Lake Rd. Grayling, MT 49738-	Radio Ad	10/13/2000	225.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WGRY 6514 Old Lake Rd. Grayling, MT 49738-	Abraham MI-Senate	10/13/2000	225.00	Abraham MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WBAK 5667 M069 Highway Rogers City, MI 49779-	radio Ad	10/13/2000	173.00	GWBush, President <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 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

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal candidate supported or opposed by the Expenditure & office sought
WHAK 5667 MD69 Highway Rogers City, MI 49779-	radio Ad	10/13/2000	173.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WEAS 4421 Radio Dr. Louisville, KY 40218-	Radio Ads	10/12/2000	2,475.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WHAS 4421 Radio Dr. Louisville, KY 40218-	Ad	10/12/2000	2,475.00	Northrup for Congress-KY-CD#2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WHFB 202 South Michigan Suite 700 Flint, MI 48502-	Radio Ad	10/13/2000	250.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WHFG 202 South Michigan Suite 700 Flint, MI 48502-	radio ad	10/13/2000	250.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WHFB 202 South Michigan Suite 700 Flint, MI 48502-	Radio Ad	10/13/2000	250.00	Rogers-MI-CD#8 <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 _____

(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 Entry	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WHIC 1402 Ashmun Street Sault Sainte Marie, MI	Radio Ads	10/11/2000	300.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WHIC 1402 Ashmun Street Sault Sainte Marie, MI	Radio Ads	10/11/2000	300.00	Abraham-MJ-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRJB 134 E. Pitt Street Bedford, PA 15522-	Radio Ad	10/17/2000	216.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WEKR 1775 W. Hibiscus Blvd., Suite Melbourne, FL 32901-	Radio Ads	10/11/2000	466.67	Keller-FL-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WEKR 1775 W. Hibiscus Blvd., Suite Melbourne, FL 32901-	Radio Ads	10/11/2000	466.67	McCullum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WEKR 1775 W. Hibiscus Blvd., Suite Melbourne, FL 32901-	Radio Ads	10/11/2000	466.67	GWBush, President <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 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 _____, 2000.

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

(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 Payer	Purpose of Expenditure	Date (Month, day, year)	Amount	Name of Federal Candidate Supported or Opposed by the Expenditure & office sought
WIKX 4810 Deltona Drive Punta Gorda, FL 33950-	Ads	10/12/2000	500.00	Putnam for Cong Comm-FL-#12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTKX 4810 Deltona Drive Punta Gorda, FL 33950-	Radio Ads	10/12/2000	500.00	McCullum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WIKX 4810 Deltona Drive Punta Gorda, FL 33950-	Radio Ads	10/12/2000	500.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WILK 305 Hwy 315 Pittston, PA 18642-	Radio Ads	10/12/2000	1,100.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WIQD 3000 N. 28th Terrace Hollywood, FL 33020-	Radio Ads	10/11/2000	\$20.00	McCullum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WIOD 3000 N. 28th Terrace Hollywood, FL 33020-	Radio Ads	10/11/2000	\$20.00	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 cooperation, consultation, concert with or in 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: _____

BOBANY PUBLIC

Signature _____

Date _____

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WIOD 3000 N. 28th Terrace Hollywood, FL 33020-	Radio Ads	10/11/2000	820.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WISN 755 N. 19th Street Milwaukee, WI 53233	Radio Ad	10/17/2000	2,040.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WITY Hageler Lane Danville, IL 61832-	Friends of T. Johnson-IL-CD#15-Ad	10/12/2000	145.80	Friends of T. Johnson-IL-CD#15-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WITY Hageler Lane Danville, IL 61832-	Radio Ads	10/12/2000	145.60	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WIZM 201 State Street La Crosse, WI 54602-	Radio Ad	10/17/2000	608.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WZZZ Route 23 Streator, IL 61364-	Radio Ads	10/11/2000	2,583.00	GWBush, President <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 of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Submitted and sworn to before me this _____ day of _____, 19 _____

My Commission expires: _____

 NOTARY PUBLIC

Signature _____ Date _____

(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 Pagee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WJIM P.O. Box 30124 3420 Pine Tree Rd. Lansing, MI 48909	Ads	10/10/2000	1,548.33	Abraham Senate 2000-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJIM P.O. Box 30124 3420 Pine Tree Rd. Lansing, MI 48909	Radio Ads	10/10/2000	1,548.33	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJIM P.O. Box 30124 3420 Pine Tree Rd. Lansing, MI 48909	Ads	10/10/2000	1,548.34	Rogers for Cong. -MI-CD16 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJMR 212 West J Street Iron Mountain, MI 49801-	Radio Ad	10/13/2000	278.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJMR 212 West J Street Iron Mountain, MI 49801-	Radio Ad	10/13/2000	278.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJSA 262 Alleghany Suite 4 Jersey Shore, PA 17740-	Radio Ad	10/17/2000	240.00	GWBush, President <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	_____

I, under penalty of perjury, 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____
By Commission Expires: _____

ROBERT PUBLIC

Signature

Date

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WKCC 5941 W US10 Ludington, MI 49431-	Radio Ad	10/13/2000	312.00	Abraham-MT-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKCC 5941 W US10 Ludington, MI 49431-	Radio Ad	10/13/2000	312.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKFL 206 N. Main St. Wildwood, FL 34785-	Radio Ads	10/12/2000	270.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKFL 206 N. Main St. Wildwood, FL 34785-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	270.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKIS 9881 Sheridan St Hollywood, FL 33024-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	4,500.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKRT 206 S. Willow St. Effingham, IL 62401-	Radio Ad	10/16/2000	360.00	GWBush, President <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 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 _____, 19 _____

My Commission expires: _____

 NOTARY PUBLIC

Signature _____ Date _____

(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
WKKM 209 E. Spruce Harrison, MI 48625-	radio Ad	10/13/2000	71.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKKM 209 E. Spruce Harrison, MI 48625-	Radio Ad	10/13/2000	71.00	Abraham-MJ-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKMC 1356 Mackinaw Ave. Cheboygan, MI 49725-	Radio Ad	10/13/2000	315.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKMC 1356 Mackinaw Ave. Cheboygan, MI 49721-	Radio Ad	10/13/2000	315.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKRO Route 51 North Cairo, FL 62914-	Radio Ad	10/12/2000	255.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKST 219 Savannah Gardener Rd. Rutler, PA 16001-	Radio Ads	10/12/2000	110.00	Hart-Pa-CD114 <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 preparation, 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 do 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____
by Commission Expires: _____

Notary Public

Signature

Date

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
WKST 219 Savannah Gardner Rd. Butler, PA 16001-	Radio Ads	10/12/2000	110.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKXQ 1853 442nd Avenue Clinton, TN 3732-	Radio Ads	10/12/2000	318.75	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKYO 1521 W. Caro Rd. Caro, MI 48723-	Radio Ad	10/13/2000	135.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKYO 1521 W. Caro Rd. Caro, MI 48723-	Radio Ad	10/13/2000	135.00	Abraham-MI_Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLGH North Route 45 Mattoon, IL 61938-	Radio Ads	10/12/2000	345.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLBH North Route 45 Mattoon, IL 61938-	Friends of T. Johnson-IL-CN#15-Ad	10/12/2000	345.00	Friends of T. Johnson-IL-CD#15-A <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 of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

submitted and sworn to before me this _____ day of _____, 19 _____

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

(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
WLBK 1853 442ND AVENUE Clinton, IA 52732-	Radio Ad	10/12/2000	319.75	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLEW 935 S. VanDyke Bad Axe, MI 48413-	Radio Ad	10/13/2000	179.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLEW 935 S. VanDyke Bad Axe, MI 48413-	radio ad	10/13/2000	179.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLKF 404 West Lime Lakeland, FL 33815-	Radio Ads	10/11/2000	916.67	Putnam-FL-CD#12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLKF 404 West Lime Lakeland, FL 33815-	Radio Ads	10/11/2000	916.67	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLKF 404 West Lime Lakeland, FL 33815-	Radio Ads	10/11/2000	916.67	GWBush, President <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 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 _____ 19 _____

By Commission Expires:

NOTARY PUBLIC

Signature

Date

(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
WLMD 1853 442nd Ave Clinton, IA 52732-	Ad	10/12/2000	159.38	Baker for Congress-IL-CD#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLMD 1853 442nd Ave Clinton, IA 52732-	Radio Ads	10/12/2000	159.38	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLRB 1853 442nd Ave. Clinton, IA 52732-	Radio Ads	10/12/2000	159.38	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLRB 1853 442nd Ave. Clinton, IA 52732-	Baker for Congress-IL-CD#17 -Ads	10/12/2000	159.38	Baker for Congress-IL-CD#17-Ads <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WLS-AM 180 N. State ST. Chicago, IL 60601-	Radio Ads	10/12/2000	20,300.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJSC 3100 E. 15th Panama City, FL 32405-	Radio Ads	10/12/2000	75.00	GWBush, President <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 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 _____, 20____
by Commission expiring: _____

NOTARY PUBLIC

Signature

Date

(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
WLFG 3100 E. 15th Panama City, FL 32405-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	75.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMAC 544 Mulberry Street Suite 700 Macon, GA 31201-	Radio Ad	10/16/2000	238.00	Chambliss-GA-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMAC 544 Mulberry Street Suite 700 Macon, GA 31201-	Radio Ad	10/16/2000	238.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMAY 1510 N. 3rd Street Riverton, IL 62561-	Radio Ads	10/11/2000	960.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMEM WMBM 814 First St. Miami, FL 33139	McCollum for US Senate-FL-Senate-Ad	10/12/2000	2,520.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMEM WMBM 814 First St. Miami, FL 33139	Radio Ads	10/12/2000	2,520.00	GWBush, President <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 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____
by commission expires: _____

NOTARY PUBLIC

Signature

DATE

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WMFL 1800 Turtle Mound Rd. Melbourne, FL 32934-	Radio Ads	10/11/2000	364.17	Keller-FL-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMFL 1800 Turtle Mound Rd. Melbourne, FL 32934-	Radio Ads	10/11/2000	364.17	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMFL 1800 Turtle Mound Rd. Melbourne, FL 32934-	Radio Ads	10/11/2000	364.17	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNCN Downtown Mall Meadville, PA 16335-	Radio Ad	10/17/2000	1,280.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMIX 3501 Broadway Mount Vernon, IL 62864-	Radio Ads	10/11/2000	850.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXYZ 1514 E. Jefferson St. Detroit, MI 48207-	Radio Ad	10/18/2000	1,080.00	Abramam-MI-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 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____
By Commission employee: _____

NOTARY PUBLIC

Signature _____

Date _____

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(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
WMKM 1514 E. Jefferson St. Detroit, MI 48207-	radio ad	10/18/2000	1,000.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMLM 4170 N. State Rd. Alma, MI 48801-	Radio ad	10/13/2000	131.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMJM 4170 N. State Rd. Alma, MI 48801-	Radio Ad	10/13/2000	131.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMJS 3565 Green St. Muskegon, MI 49444-	Radio ad	10/13/2000	1,240.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMUS 3565 Green St. Muskegon, MI 49444-	Radio Ad	10/13/2000	1,240.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WMUE/WLLE 12300 Radio Place Detroit, MI 48228-	Radio Ads	10/11/2000	3,250.00	Abraham-MI-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 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____
by Commission expensed

NOTARY PUBLIC

Signature _____

Date _____

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WMJE/WLLE 12300 Radio Place Detroit, MI 48225-	Radio Ads	10/11/2000	3,258.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
KMVK 1853 442nd Avenue Clinton, IA 52732-	Radio Ad	10/12/2000	318.75	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNDB 115 N. Palmetto Ave. Daytona Beach, FL 32114	Ads	10/11/2000	166.66	Carroll for Cong-FL-CO#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNDB 115 N. Palmetto Ave. Daytona Beach, FL 32114	Radio Ads	10/11/2000	166.67	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNDB 115 N. Palmetto Ave. Daytona Beach, FL 32114	Ads	10/11/2000	166.67	McCullum for US Sen-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNIS/WtOG 2824 Flom Beach Blvd. Fort Myers, FL 33916-	Radio Ads	10/11/2000	650.00	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	_____

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____
by Commission expiring _____

NOTARY PUBLIC

Signature

Date

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)				
National Right to Life Political Action				
A. Poll 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
WNIG/WNOC 2824 Plan. Beach Blvd. Fort Myers, FL 33916-	Radio Ads	10/11/2000	650.00	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNPV 1210 Snyder Rd. Lansdale, PA 19446-	Radio Ad	10/17/2000	1,088.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNTD 541 N. Fairbanks Ct. Chicago, IL 60611-	Radio Ads	10/12/2000	2,550.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNTJ 970 Tripoli Street Johnstown, PA 15902-	Radio Ad	10/12/2000	1,950.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNVY 2070 W. Palafox Pensacola, FL 32501-	McCullum for US Senate-FL-Senate-Ad	10/12/2000	180.00	McCullum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNVY 2070 W. Palafox Pensacola, FL 32501-	radio ads	10/12/2000	180.00	GWBush, President <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 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____
by Commission Official: _____

HENRY PUBLIC

Signature

Date

(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
WJMN 182 N. Angola Rd. Coldwater, MI 49036-	Radio Ad	10/13/2000	810.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJMN 182 N. Angola Rd. Coldwater, MI 49036-	Radio Ad	10/13/2000	810.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOCN 1515 W. Silver Springs Blvd. Suite 134 Ocala, FL 34470	Radio Ads	10/11/2000	90.00	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOCN 1515 W. Silver Springs Blvd. Suite 134 Ocala, FL 34470	Radio Ads	10/11/2000	90.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOGK 3602 NE 20th Place Ocala, FL 34470-	Radio Ad	10/16/2000	762.50	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOGK 3602 NE 20th Place Ocala, FL 34470-	radio Ad	10/16/2000	762.50	GWBush, President <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 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

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & Office sought
WOJD 625 N. Michigan Ave 3rd Floor Chicago, IL 60611-	Radio Ads	10/12/2000	21,000.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOKB 3765 N. John Young Parkway Orlando, FL 32804-	Radio Ads	10/11/2000	90.00	Keller-FL-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOKB 3765 N. John Young Parkway Orlando, FL 32804-	Radio Ads	10/11/2000	90.00	Carroll-FL-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOKB 3765 N. John Young Parkway Orlando, FL 32804-	Radio Ads	10/11/2000	90.00	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOKB 3765 N. John Young Parkway Orlando, FL 32804-	Radio Ads	10/11/2000	90.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOKV 6869 Lenox Avenue Jacksonville, FL 32205	Ads	10/10/2000	1,066.66	Carroll for Cong-FL-CD#3 <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 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 _____, 20____.

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

(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
WOKV 6869 Lenox Avenue Jacksonville, FL 32205	Ads	10/10/2000	1,066.67	McColum for Senate-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOKV 6869 Lenox Avenue Jacksonville, FL 32205	Radio Ads	10/10/2000	1,066.67	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOMP 56325 High Ridge Rd. Bellaire, OR 43956-	radio ad	10/16/2000	4,743.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOOD 77 Monroe Center, #1000 Grand Rapids, MI 49503-	Radio Ads	10/10/2000	1,875.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOOD 77 Monroe Center, #1000 Grand Rapids, MI 49503-	Ads	10/10/2000	1,875.00	Noraham Senate 2000-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPRK 268 Kelly Avenue Blountstown, FL 32424-	McColum for US Senate-FL-Senate-Ad	10/12/2000	270.00	McColum for US Senate-FL-Senate-Ad <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, concert, collusion, or 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 _____, 19____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WPHK 268 Kelly Avenue Blountstown, FL 32424-	Radio Ads	10/12/2000	270.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPHT 10 Monument Rd. Bala Cynwyd, PA 19004-	Radio Ad	10/17/2000	6,750.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPLB 9181 South Greenville Rd. Greenville, MI 48838-	Radio Ad	10/13/2000	120.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPLB 9181 South Greenville Rd. Greenville, MI 48838-	Radio Ad	10/13/2000	120.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPPA 212 E. Centre Street Pottsville, PA 17901-	Radio Ad	10/17/2000	215.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WESL 8245 Business Park Dr. Port Saint Lucie, FL 34952-	Radio Ads	10/11/2000	665.00	McColum-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 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____
by Commission expires: _____

NOTARY PUBLIC

(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
W28L 8245 Business Park Dr. Port Saint Lucie, FL 34952-	Radio Ads	10/11/2000	665.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPTT 900 Parish St. 3rd Floor Pittsburgh, PA 15220-	Radio Ad	10/12/2000	400.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPTT 900 Parish St. 3rd Floor Pittsburgh, PA 15220-	Radio Ad	10/12/2000	400.00	Hart-PA-CD#4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPWA 12 Kent Rd. Aston, PA 19014-	Radio Ad	10/17/2000	1,260.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WQIK Jaycof Broadcasting of 5555 Radio Lane & Ellis Rd. Jacksonville, FL 32205	radio Ad	10/17/2000	916.66	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WQIK Jaycof Broadcasting of 5555 Radio Lane & Ellis Rd. Jacksonville, FL 32205	Radio Ad	10/17/2000	916.66	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 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

Signature

Date

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by Line Expenditure & Office sought
WQIK Jaycof Broadcasting of 5555 Radio Lane & Ellis Rd. Jacksonville, FL 32205	Radio Ad	10/17/2000	916.67	Carroll - CA-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRBK 1559 W. 4th Street Williamsport, PA 17701-	radio ad	10/18/2000	1,074.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRAM 1853 442nd Avenue Clinton, IA 52732-	Radio Ads	10/12/2000	159.38	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRAM 1853 442nd Avenue Clinton, IA 52732-	Ads	10/12/2000	159.38	Baker for Congress-IL-CD#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRCC 2000 Whittier Street Saginaw, MI 48605-	radio Ad	10/13/2000	1,900.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRCC 2000 Whittier Street Saginaw, MI 48605	Radio Ad	10/13/2000	1,900.00	Abraham-MI-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 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 _____

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WRLZ 4151 W. Oakridge Rd. Orlando, FL 32839	Radio Ads	10/11/2000	187.50	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRLZ 4151 W. Oakridge Rd. Orlando, FL 32839	Radio Ads	10/11/2000	187.50	Koller-FL-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRLZ 4151 W. Oakridge Rd. Orlando, FL 32839	Radio Ads	10/11/2000	187.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRLZ 4151 W. Oakridge Rd. Orlando, FL 32839	Radio Ads	10/11/2000	187.50	Carroll-FL-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRMJ 2104 SE 3rd Street Aledo, IL 61231-	Radio Ad	10/12/2000	155.52	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRMJ 2104 SE 3rd Street Aledo, IL 61231-	Baker for Congress-IL-CD#17-Ad	10/12/2000	155.52	Baker for Congress-IL-CD#17-Ad <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 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 _____, 2000
by Commission Expires: _____

NOTARY PUBLIC

Signature

Date

(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
WROO 8386 Bay Meadows Jacksonville, FL 32256-	radio Ad	10/18/2000	916.66	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WROO 8386 Bay Meadows Jacksonville, FL 32256-	radio Ad	10/18/2000	916.66	McCullum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WROO 8386 Bay Meadows Jacksonville, FL 32256-	Radio Ad	10/19/2000	916.67	Carroll-FL-CD13 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WROX 3901 Brendenwood Rd. Rockford, IL 61107-	Radio Ads	10/11/2000	1,280.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRSC 160 Clearview Drive State College, PA 16803-	Radio Ad	10/17/2000	270.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WRTA 1417-19 12th Avenue Allentown, PA 18601-	Radio ad	10/17/2000	640.00	GWBush, President <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, concertation, 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 _____, 20____.

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

(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 page	Purpose of expenditure	Date (Month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WSAQ 808 Huron Ave Port Huron, MI 48060-	radio ad	10/13/2000	375.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WSAQ 808 Huron Ave Port Huron, MI 48060-	radio Ad	10/13/2000	375.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WSBA 5989 Snagelanna Plaza York, PA 17406-	Radio Ad	10/17/2000	552.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
W333 175 N. Causeway New Smyrna Beach, FL 32169-	Radio Ads	10/11/2000	416.00	Carroll-FL-CD#3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WSBB 175 N. Causeway New Smyrna Beach, FL 32169-	Radio Ads	10/11/2000	416.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
W3ED 175 N. Causeway New Smyrna Beach, FL 32169-	Radio Ads	10/11/2000	416.00	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 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____
By Commission Expires: _____

NOTARY PUBLIC

Signature

Date

(See Reverse Side for Instructions)

NAME OF COMMITTEE (In Full)				
National Right to Life Political Action				
h. Full 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
WSHN 517 N. Beebe Avenue Fremont, MI 49412-	Radio Ad	10/16/2000	240.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WSHN 517 N. Beebe Avenue Fremont, MI 49412-	Radio Ad	10/16/2000	240.00	Abraham-MS-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WSMI 6306 Illinois Route 16 Hillsboro, FL 62049-	Radio Ads	10/12/2000	2,010.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WSOY 1100 E. Pershing Rd. Decatur, IL 62526-	Radio Ads	10/11/2000	725.00	Johnson-IL-CD#15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WSOY 1100 E. Pershing Rd. Decatur, IL 62526-	Radio Ads	10/11/2000	725.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WSEB 1713 Ken Thompson Pkwy. Sarasota, FL 34236-	Ad	10/12/2000	500.00	McCollum for US Senate-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 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____
by commission expires: _____

NOTARY PUBLIC

Signature

Date

(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
WSFB 1711 Ken Thompson Pkwy. Sarasota, FL 34236-	Radio Ads	10/12/2000	500.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTAD 329 Main Quincy, IL 62301-	Radio Ads	10/11/2000	75.00	Baker-IL-CU#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTAD 329 Main Quincy, IL 62301-	Radio Ads	10/11/2000	75.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTALK 1820 East Park Ave Tallahassee, FL 32301-	Radio Ads	10/12/2000	437.50	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTALK 1820 East Park Ave Tallahassee, FL 32301-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	437.50	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTAX 3501 E. Sungamon Avenue Springfield, IL 62707	Radio Ads	10/12/2000	600.00	GWBush, President <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 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 _____, LP _____

My commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

(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
WTAE 3641 Meadowbrook Rd. Peoria, IL 61604-	Radio Ads	10/11/2000	1,365.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTAE 3641 Meadowbrook Rd. Peoria, IL 61604-	Radio Ads	10/11/2000	1,365.00	Baker-IL-CD#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTJN 2995 Windsor Rd. Red Lion, PA 17356-	Radio Ad	10/17/2000	432.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPTM 918 E. Park Taylorville, IL 62568	Radio Ads	10/11/2000	885.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTKR 27 N. Main St. Hartford, WI 53027-	Radio Ad	10/17/2000	550.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTMY 2101 Hammock Place Sarasota, FL 34235-	ad	10/12/2000	360.00	McColum for US Senate-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	_____

I declare under penalty of perjury that 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____
By Commission Expires: _____

NOTARY PUBLIC

Signature

Date

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WTMY 2101 Hammock Place Sarasota, FL 34235-	Radio Ads	10/12/2000	360.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTVN 1301 Dublin Rd. Columbus, OH 43215-	Radio Ad	10/18/2000	9,000.00	Tiberi-OH-CD+12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTVN 1301 Dublin Rd. Columbus, OH 43215-	Radio Ad	10/18/2000	8,000.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTYS 2725 Jefferson St. Marianna, FL 32447-	Radio Ads	10/12/2000	264.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTYS 2725 Jefferson St. Marianna, FL 32447-	McCollum for US Senate-FL-Senate-AD	10/12/2000	264.00	McCollum for US Senate-FL-Senate-AD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WVJB 55 W. Fort Dade Ave Brooksville, FL 34605-	Radio Ads	10/12/2000	70.00	GWBush, President <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 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 _____ 19 _____

My Commission expires:

NOTARY PUBLIC

Signature _____

Date _____

(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
WWJL 55 W. Fort Lade Ave Brooksville, FL 34605-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	70.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WWKY 4421 Radio Dr. Louisville, KY 40218-	Radio Ad	10/12/2000	175.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WWKY 4421 Radio Dr. Louisville, KY 40218-	Ad	10/12/2000	175.00	Northrup For Congress-KY-43 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNTK 7891 US Hwy. 17 Zolfo Springs, FL 33990-	Radio Ads	10/11/2000	316.67	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNTK 7891 US Hwy. 17 Zolfo Springs, FL 33990-	Radio Ads	10/11/2000	316.67	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WNTK 7891 US Hwy. 17 Zolfo Springs, FL 33990-	Radio Ads	10/11/2000	316.66	Putnam-FL-CD#12 <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 in 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____
by Commission Expires:

NOTARY PUBLIC

Signature

Date

(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 Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
WXIK 2495 N. Cedar St, Suite 106 Holt, MI 48842-	Radio Ad	10/17/2000	39.97	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXIK 2495 N. Cedar St., Suite 106 Holt, MI 48842-	Radio Ad	10/17/2000	39.97	Rogers-MI-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXIK 2495 N. Cedar St., Suite 106 Holt, MI 48842-	Radio Ad	10/13/2000	403.00	Rogers-MI-CD#8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXIK 2495 N. Cedar St, Suite 106 Holt, MI 48842-	Radio Ad	10/17/2000	39.97	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXIK 2495 N. Cedar St., Suite 106 Holt, MI 48842-	Radio Ad	10/13/2000	403.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXIK 2495 N. Cedar St, Suite 106 Holt, MI 48842-	Radio Ad	10/13/2000	403.00	GWBush, President <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 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

Signature

Date

(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 Payer	Purpose of expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WKTA 471 Robison Rd. Erie, PA 16509-	Radio Ad	10/17/2000	2,850.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WKTV 555 City Line Avenue Bala Cynwyd, PA 19004-	Radio Ad	10/17/2000	9,600.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXXQ 3901 Brendenwood Rd. Rockford, IL 61107-	Radio Ad	10/18/2000	1,800.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXYT 26495 American Drive Southfield, MI 48034-	Ads	10/10/2000	2,500.00	Abraham Senate 2000-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WXYT 26495 American Drive Southfield, MI 48034-	Radio Ads	10/10/2000	2,500.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYBZ 269 Kelly Avenue Blountstown, FL 32424-	Radio Ads	10/12/2000	234.00	GWBush, President <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	_____

I hereby 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 _____, 20____
by Commission Expires:

NOTARY PUBLIC

Signature

Date

(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
WYBT 269 Kelly Avenue Blountstown, FL 32424-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	234.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYXX 606 Ludington Escanaba, MI 49829-	Abraham-MI-Senate- -Radio Ad	10/13/2000	225.00	Abraham-MI-Senate- Radio Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYXX 606 Ludington Escanaba, MI 49829-	Radio Ad	10/13/2000	225.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYOO 7106 Lair Street Suite 102 Panama City, FL 32408-	Ad	10/12/2000	100.00	McCollum for US Senate-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYOO 7106 Lair Street Suite 102 Panama City, FL 32408-	Radio Ads	10/12/2000	100.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYTZ 580 E. Napier Benton Harbor, MI 49022-	radio Ad	10/13/2000	750.00	Abraham-MI-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 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 _____, 19____
by commission expires: _____

NOTARY PUBLIC

Signature

Date

(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
WYZZ 580 E. Napier Benton Harbor, MI 49022-	Radio ad	10/13/2000	750.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYXY 3500 E. Sangamon Ave. Springfield, IL 62707-	GWBush, President Radio Ads	10/11/2000	1,170.00	GWBush, President Radio Ads <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYZZ 3600 NW 43rd Street, Suite B Gainesville, FL 32606-	Radio Ads	10/11/2000	600.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYZZ 3600 NW 43rd Street, Suite B Gainesville, FL 32606-	Radio Ads	10/11/2000	600.00	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WZEP 449 N. 12th St. DeFuniak Springs, FL 32435-	Radio Ads	10/12/2000	175.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WZEP 449 N. 12th St. DeFuniak Springs, FL 32435-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	175.00	McCollum for US Senate-FL-Senate-Ad <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 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

Signature _____ Date _____

(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 Person	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
WETK 7891 US Hwy. 17 South Zolfo Springs, FL 33890-	Radio Ads	10/11/2000	430.00	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WETK 7891 US Hwy. 17 South Zolfo Springs, FL 33890-	Radio Ads	10/11/2000	430.00	Putnam-FL-CD#12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WETK 7891 US Hwy. 17 South Zolfo Springs, FL 33890-	Radio Ads	10/11/2000	430.00	CWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose



(a) SUBTOTAL of Itemized Independent Expenditures	1,341,575.22	
(b) SUBTOTAL of Unitemized Independent Expenditures		1,341,575.22
(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 26th day of OCTOBER, 2000

My Commission expires: Irene M. Walsh
NOTARY PUBLIC

Amarie C. Hatfield
Signature

10/26/00
Date

IRENE M. WALSH
NOTARY PUBLIC, DISTRICT OF COLUMBIA
My Commission Expires May 14, 2003

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-26-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JG</i> PREPARER	<i>10-26-00</i> DATE PREPARED