

(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
KHTS 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
KHTS 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