

(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