

(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