

(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 \_\_\_\_\_