

(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