

(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
WJMN 182 N. Angola Rd. Coldwater, MI 49036-	Radio Ad	10/13/2000	810.00	Abraham-MI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WJMN 182 N. Angola Rd. Coldwater, MI 49036-	Radio Ad	10/13/2000	810.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOCN 1515 W. Silver Springs Blvd. Suite 134 Ocala, FL 34470	Radio Ads	10/11/2000	90.00	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOCN 1515 W. Silver Springs Blvd. Suite 134 Ocala, FL 34470	Radio Ads	10/11/2000	90.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOGK 3602 NE 20th Place Ocala, FL 34470-	Radio Ad	10/16/2000	762.50	McCollum-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WOGK 3602 NE 20th Place Ocala, FL 34470-	radio Ad	10/16/2000	762.50	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.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC