

(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
WTAE 3641 Meadowbrook Rd. Peoria, IL 61604-	Radio Ads	10/11/2000	1,365.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTAE 3641 Meadowbrook Rd. Peoria, IL 61604-	Radio Ads	10/11/2000	1,365.00	Baker-IL-CD#17 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTJN 2995 Windsor Rd. Red Lion, PA 17356-	Radio Ad	10/17/2000	432.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WPTM 918 E. Park Taylorville, IL 62568	Radio Ads	10/11/2000	885.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTKM 27 N. Main St. Hartford, WI 53027-	Radio Ad	10/17/2000	550.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTMY 2101 Hammock Place Sarasota, FL 34235-	ad	10/12/2000	360.00	McColum for US Senate-FL-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	_____

I declare under penalty of perjury that 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____
By Commission Expires: _____

NOTARY PUBLIC

Signature

Date