

(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
WTMY 2101 Hammock Place Sarasota, FL 34235-	Radio Ads	10/12/2000	360.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTVN 1301 Dublin Rd. Columbus, OH 43215-	Radio Ad	10/18/2000	9,000.00	Tiberi-OH-CD+12 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTVN 1301 Dublin Rd. Columbus, OH 43215-	Radio Ad	10/18/2000	8,000.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTYS 2725 Jefferson St. Marianna, FL 32447-	Radio Ads	10/12/2000	264.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WTYS 2725 Jefferson St. Marianna, FL 32447-	McCollum for US Senate-FL-Senate-AD	10/12/2000	264.00	McCollum for US Senate-FL-Senate-AD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WVJB 55 W. Fort Dade Ave Brooksville, FL 34605-	Radio Ads	10/12/2000	70.00	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 symbolization 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

Signature _____

Date _____