

(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
WYBT 269 Kelly Avenue Blountstown, FL 32424-	McCollum for US Senate-FL-Senate-Ad	10/12/2000	234.00	McCollum for US Senate-FL-Senate-Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYXX 606 Ludington Escanaba, MI 49829-	Abraham-MI-Senate- -Radio Ad	10/13/2000	225.00	Abraham-MI-Senate- Radio Ad <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYXX 606 Ludington Escanaba, MI 49829-	Radio Ad	10/13/2000	225.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYOO 7106 Lair Street Suite 102 Panama City, FL 32408-	Ad	10/12/2000	100.00	McCollum for US Senate-FL-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYOO 7106 Lair Street Suite 102 Panama City, FL 32408-	Radio Ads	10/12/2000	100.00	GWBush, President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WYTZ 580 E. Napier Benton Harbor, MI 49022-	radio Ad	10/13/2000	750.00	Abraham-MI-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	_____

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 reproduction 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