

(See Reverse side for Instructions)

NAME OF COMMITTEE (In Full)				
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
Mass. NARAL 41 Winter St Ste 65 Boston, MA 02116-	Payment: inclusion in voter guide	11/03/2000	27.22	Meehan MA-01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Wisconsin NARAL 611 N Broadway Ste 410 Milwaukee, WI 53202-	Payment: inclusion in voter guide	11/03/2000	53.67	Kohl WI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	90.89	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		90.89

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 7 day of December, 2000
 My Commission Expires September 30, 2002



David J. [Signature]
 Signature

12-7-00
 Date