

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
 FEC MAIL ROOM

2000 OCT 17 A 2:38

1. Name of individual, organization or corporation
NARAL
 Address (number and street) check if different than previously reported
1156 15th ST NW STE 700
 City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No
 Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):
 (a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report
 (b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 2 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
<u>KEEFER/CROWER 1209 Linden Pl. NE Washington, DC 20002</u>	<u>PRINTING</u>	<u>9/22/00</u>	<u>2290.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>BEBBIE STANARD VA1-SENATE</u>
"	"	"	<u>1025.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DANNIE BURKIN MI-08</u>
"	"	"	<u>3560.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MICHELLE CHAMBERS MO-SEN</u>

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ 465,330.36

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this 14 day
Oct 2000
 My Commission Expires 7/14/02
[Signature] (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
GLOUA A. TOTTEN 10-14-00
 SIGNATURE (multi-page filers: sign page 1 only) DATE
[Signature]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9630 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

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NARAL

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City, State and ZIP Code
WASHINGTON DC 20005

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(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
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 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **2** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
ANNA LANDRY 4515 W. SAGINAW Suite 201 LANSING, MI 48917	FRINGE BENEFITS	9/30/00	533.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GORE PRESIDENT
	"	9/30/00	171.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
REBEKAH WILCOX 4515 W. SAGINAW STE 201 LANSING MI 48917	INDEPENDENT SERVICES	9/12/00	.99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEBBIE STABRAW MICHIGAN SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day of _____, 19____.

My Commission Expires _____

(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
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 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **3** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Opense	
Federal Express P.O. Box 1140 Dept. 19 Memphis, TN 38101	Shipping	8/8/00	36.42	X		DEBBIE STASSEN
	"	8/1/00	8.06	X		MI - SENATE
	"	7/26/00	13.81	X		"
	"	8/14/00	140.35	X		"
	"	9/5/00	5.93	X		MEL CAWATTO
	"	8/1/00	15.44	X		MO - SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or repudiation of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day of _____ 19____.

My Commission Expires _____

 (Notary Public)

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 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **4** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payor	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101	SHIPMENT	8/2/00	36.48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIANNE BYRUM
	"	8/1/00	8.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MI-08
	"	7/26/00	13.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
	"	8/14/00	140.34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
	"	7/5/00	5.93	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day of _____, 19____.

My Commission Expires _____.

 (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

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 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-218-3429

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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NARAL
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 October 15 Quarterly Report
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 July 31 Mid-Year Report
 (b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **5** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
FedEx Express P.O. Box 1440, Dept A Memphis, TN 38101	SHIPPING	9/5/00	67.46	X		PAUL CAMMATHAN MD - SENATE
"	"	8/8/00	12.17	X		"
ROBERTA KROSKOPF WALKER 4515 W. Saginaw, Ste 201 Langhamply 48917	COPIES - REIMB	9/12/00	12.76	X		DEBBIE SPASSANO MI - SEN
"	"	"	12.76	X		DAVINE BYRUM MI - 08

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republishing of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

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FEC FORM 5 (4/96)

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(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **6** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
ANNA LANDAUER 4515 W. Saginaw Suite 201 Lansing MI 48917	RELATIONSHIP COPIES	8/23/00	7.80	X		DEBBIE STAGGARD MI-SEN
		"	10.60	X		"
		"	13.74	X		"
		9/6/00	27.03	X		"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
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My Commission Expires _____

(Notary Public)

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Type of Election _____ Date of Election _____ State _____
 Date of Election _____ State _____

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Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
ANNA LANDMARK 451 SW. Saginaw Suite 201 Lansing, MI 48917	REIMB. COPIES	8/22/00	2.80	X		DIANNE BILM MI-08
	"	"	10.60	X		"
	"	"	13.74	X		"
	"	9/6/00	27.03	X		"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

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Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
NARAL 4515 W. Saginaw Suite 201 Lansing, MI 48917	COMPUTER SERVICES	8/25/00	66.70	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEBBIE STABEON MICHIGAN SENATE
ANNA LANDAUER 4515 W. Saginaw Suite 201 Lansing, MI 48917	POSTAGE (REIMB.)	8/23/00	16.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
	"	8/23/00	16.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DANSE BYRUM MI-05

B. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

B. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

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7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
LASER CENTER 1522 K ST NW Suite S WASHINGTON DC 20003	SHIPPING	9/30/00	201.03	X		AL GORE PRESIDENTIAL
FedEx Express P.O. Box 1140, Dept A Memphis, TN 38101	"	9/15/00	457.19	X		"
"	"	9/18/00	323.70	X		"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 990 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election _____ Date of Election _____ State _____
 Date of Election _____ State _____

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 10 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
REBEKAH WARREN 4515 W. SAGINAW Suite 201 LANSING, MI 48917	REIMB- POSTAGE	9/18/00	41.25	X		DEBBIE STABENOW MI-SENATE
	"	"	41.25	X		DIANE BYRUM MI-08
ANNA LANSBACH 4515 W. SAGINAW Suite 201 LANSING, MI 48917	REIMB- POSTAGE	9/6/00	99.00	X		STABENOW
	"	9/6/00	99.00	X		BYRUM

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or reproduction of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9630 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report 30-Day Report following the General Election.
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **11** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Cellular one	CALLS	7-31-2000	67.60	X		Mel Carnahan
P. O. Box 64773	"	"	65.79	X		Missouri Senate
Baltimore MD 21264	"	8-31-2000	177.10	X		"
"	"	"	"	"	"	"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____

My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 989 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/98)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No
 Individual filers only

NAME OF EMPLOYER _____ OCCUPATION _____

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election _____ Date of Election _____ State _____
 Date of Election _____ State _____

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 12 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
<u>Anna Larkwood 4515 W. Saginaw Ste 201 Lansingham, MI 48917</u>	<u>meals - REIMB</u>	<u>9/6/00</u>	<u>5.93</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Byrum - MI 9</u>
<u>Chris Mather 1156 15th St, N.W., 700 Washington, DC 20009</u>	<u>meals - REIMB</u>	<u>9/13/00</u>	<u>38.42</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>"</u>

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 988 E Street, N.W.
 Washington, D.C. 20483
 Toll Free 800-424-9530 Local 202-248-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **13** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Anna Laaksonen 4515 W. 23rd Ave Lansing, MI 48917	meals + reimb.	9/6/00	5.93	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stabenow MI Senate
Chris Mathew 1156 15th St, NW, Ste 700 Washington, DC 20009	meals + reimb.	9/10/00	38.41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
of _____, 19____

My Commission Expires _____

(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
950 E Street, N.W.
Washington, D.C. 20463
Tel Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL
 Address (number and street) check if different than previously reported
1156 15th ST NW STE 700
 City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No
 Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):
 (a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report
 (b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____
 Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **14** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Chris Mather 1156 15th St, NW, #700 Washington, DC 20009	meals - printing	8/13/2000	119.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Byrum - MI 05
Anna Landmark 4515 Benjamin Stc 201 Lansing MI 48917	meals - printing	8/23/00	12.67	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 18____.

My Commission Expires _____
 _____ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other Than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW SEE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **15** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Chris Mathew 1156 15th St, NW, # 700 Washington, DC 20009	meals = reimb.	8/13/00	19.29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	stabenow - 41 senate
Anna Landmark 4515 W. Saquinaw Street Washington, MI 48117	meal - reimb.	8/20/00	12.67	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ll

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
of _____, 19____
My Commission Expires _____
_____(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Tel Free 800-424-9630 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

6. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **16** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
NARAL P.O. Box 684602 Austin TX 78768	Salary copies	9/6/00	2500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GORE PRESIDENT
Maryland NARAL 8121 Georgia Ave Suite 501 Silver Spring MD 20910	Salary copies	9/14/00	1935.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
of _____, 19____
My Commission Expires _____

(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to add contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **17** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Missouri NARAL 4144 Lindell Suite 505 St. Louis MO 63108	telephone local	8-25-2000	79.36	X		Mel Carnahan Missouri Senate

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
of _____, 19____.

My Commission Expires _____
_____(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation NARAL		
Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th ST NW STE 700		
City, State and ZIP Code WASHINGTON DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Individual filers only	NAME OF EMPLOYER OCCUPATION
		3. Identification number C70002761

4. TYPE OF REPORT (check appropriate boxes):

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Report preceding the election.	Type of Election	Date of Election	State
<input type="checkbox"/> July 15 Quarterly Report				
<input checked="" type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Report following the General Election.	Date of Election		State
<input type="checkbox"/> January 31 Year-End Report				
<input type="checkbox"/> July 31 Mid-Year Report				

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **18** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
NARAL 4515 W. Saginaw Suite 201 Lansing, MI 48917	telephone local	8-25-2000	22.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debbie Stabenow Michigan Senate
NARAL 4515 W. Saginaw Suite 201 Lansing, MI 48917	telephone local	8-25-2000	22.08	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dianne Byrum Michigan 8th CD

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
of _____, 19____
My Commission Expires _____
_____(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

(NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.)

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **19** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Bought (District, State) of Federal Candidate
				Support	Oppose	
REBEKAH WARREN 4515 SARGENT STE 201 LANSING MI 48917	MSALS - REMBRS	9/18/00	5.78	X		BYRD - MI-08
"	MSALS - REMBRS	9/18/00	5.78	X		STARBUCK - MI-SEN

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____

My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

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 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **20** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Rebekah Warren 4515 W. Saginaw Suite 201 Lansing MI 48917	telephone call	4-18-2000	2.82	X		Debbie Stabenow Michigan Senate
Rebekah Warren 4515 W. Saginaw Suite 201 Lansing MI 48917	telephone call	4-18-2000	2.82	X		Dianne Blyskal Michigan 8th CD

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
of _____, 19____

My Commission Expires _____
_____(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **21** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
NARAL of Missouri 4144 Lindbergh St. 505 St. Louis, MO 63108	Meeting space	7/1/00	16.13	X		Camahar MO Senate
"	"	8/1/00	62.50	X		"
"	"	9/1/00	62.50	X		"

8. TOTAL CONTRIBUTIONS (multi-page filers; enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers; enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers; sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
of _____, 19____
My Commission Expires _____

(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
998 E Street, N.W.
Washington, D.C. 20463
Tel: Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for BBE or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation: NARAC
 Address (number and street) check if different than previously reported
156 15th ST NW STE 700
 City, State and ZIP Code: WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No
 Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number: C70002761

4. TYPE OF REPORT (check appropriate boxes):
 (a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report
 (b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____
 Date of Election: _____ State: _____

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 22 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
<u>NARAC</u>	<u>meeting</u>	<u>7/1/00</u>	<u>26.26</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Byrum - MI 08</u>
<u>4515 W Saginaw, #201</u>	<u>fare</u>	<u>9/10/00</u>	<u>3.75</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>"</u>
<u>Lansing, MI 48917</u>	<u>"</u>	<u>7/31/00</u>	<u>.99</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>"</u>
<u>"</u>	<u>"</u>	<u>8/1/00</u>	<u>31.25</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>"</u>
<u>"</u>	<u>"</u>	<u>9/1/00</u>	<u>31.25</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>"</u>

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____
 9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____
 SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

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 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9630 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1516 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **23** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
NARAL	Media space	7/1/00	26.26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stabenow MI Senate
4575 U. Sq. NW, #201	"	9/18/00	3.75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
Lansing, MI 48917	"	2/21/00	1.99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
"	"	8/1/00	31.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
"	"	9/1/00	31.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. § 57g.

For further information, contact:
 Federal Election Commission
 560 E. Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of Individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report 30-Day Report following the General Election.
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **24** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Bought (District, State) of Federal Candidate
				Support	Oppose	
Anna Landmark 4515 W. Saginaw Suite 201 LANSING MI 48917	office supplies	8-23-2000	54.75	X		Debbie Stabenow Michigan Senate
"	"	"	54.76	X		Dianne Byrum Michigan 8th CD

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
of _____, 19____
My Commission Expires _____

(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
550 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW SIE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report 30-Day Report following the General Election.
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

6. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 25 OF 53

8. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Anna Landmark 4515 W. Saginaw Suite 201 Lansing MI 48917	office supplies	8-23-2000	7.37	X		Debbie Stabenow Michigan Senate
			7.36	X		Dianne Byrum Michigan Sen CD

5. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

8. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

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For further information, contact:
 Federal Election Commission
 600 E. Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9590 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
670002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **26** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Chris Metzger 156 15th St NW, 200 Washington, DC 20009	travel-staff	7/14/00	346.99	X		Stabenow MI-SEN
		7/29/00	16.25	X		
		7/29/00	24.75	X		

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign material prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20460
 Toll Free 800-424-9580 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
670002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election _____ Date of Election _____ State _____

Date of Election _____ State _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **27** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One:		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
CAMS MATHEW 1156 15th ST, NW, # 700 Washington DC 20009	travel - STAFF	7/14/00	346.94	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Byrum - MI - 08
		7/24/00	16.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		7/29/00	24.75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____ 19____

My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER _____ OCCUPATION _____

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 28 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One:		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Anna Landmark 4515 W. Saginaw Suite 201 Lansing MI 48917	office supplies	8-23-2000	24.89	X		Debbie Stabenow Michigan Senate
"	"	"	24.90	X		Dianne Byrum Michigan 8th CD

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or reproduction of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

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For further information, contact:
 Federal Election Commission
 900 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation NARAL		
Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th ST NW STE 700		
City, State and ZIP Code WASHINGTON DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Individual filers only	NAME OF EMPLOYER OCCUPATION
		3. Identification number C70002761

4. TYPE OF REPORT (check appropriate boxes):

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Report preceding the election.	Type of Election	Date of Election	State
<input type="checkbox"/> July 15 Quarterly Report				
<input checked="" type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Report following the General Election.	Date of Election		State
<input type="checkbox"/> January 31 Year-End Report				
<input type="checkbox"/> July 31 Mid-Year Report				

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **29** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payor	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
CELLULAR ONE P.O. Box 64773 Baltimore, MD 21264	CALLS	7/21/00	34.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BYALM
	"	8/31/00	351.82	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MI-08

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission Expires _____

_____(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) DATE _____

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No

Individual filers only NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **30** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Cellular One P.O. BOX 44773 Baltimore, MD 21264	CALLS	7/21/00	34.00	X		Stabenow MI-Senator
	"	8/31/00	257.83	X		

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 18____

My Commission Expires _____

 (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437d.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is this filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 31 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
<u>Jess Fields 4144 Lindell, #525 St. Louis, MO 63108</u>	<u>travel-staff</u>	<u>8/22/00</u>	<u>385.50</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Cornahay- MO-SEN</u>
<u>Chris Motter 1156 15th St, NW, 700 Washington, DC 20009</u>	<u>travel-staff</u>	<u>9/13/00</u>	<u>63.50</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE: _____

Subscribed and sworn to before me this _____ day
 of _____ 19____

My Commission Expires _____
 _____ (Notary Public)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is this filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **32** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	254,447.91	X		AL GORE - PRESIDENT
		11	2651.47	X		MIKE HONDA CA-15
		11	1805.16	X		ADAM SCHIFF CA-27

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day _____ of _____ 19____.

My Commission Expires _____

 (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-218-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **33** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	2325.25	X		SUSAN DAVIS CA-49
		"	5113.23	X		WARREN UDALL CO-02
		"	3947.53	X		KEN TOLTZ CO-06

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____

My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

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Individual filers only: NAME OF EMPLOYER OCCUPATION

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C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **34** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	1281.55	X		ELAINE BLOOM FL-22
		"	561.20	X		ROGER KAHN GA-07
		"	2430.91	X		LAURAN BETH GASH IL-10

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

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 Washington, D.C. 20483
 Toll free 800-424-9530 Local 202-218-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

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1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **36** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppos	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	442.50	X		MIKE KELCEHER IL-15
		"	4730.74	X		DIANNE BYRUM MI-08
		"	27895.37	X		DEBBIE STABENOW MI-SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

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NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 36 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	2275.14	X		BETTY WALKER MN-04
		"	19,402.18	X		MARK DAYTON MN-SENATE
			36,652.55	X		MEL CALHOUN MO-SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or reproduction of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 1B _____

My Commission Expires _____
 _____ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 908 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-426-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commensal purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **37** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payor	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	3650.55	X		BRIAN SCHUETZER MT-SENATE
		"	3050.55	X		NANCY KEENAN ME-AL
		"	826.96	X		SUSAN BASS LEVINE NJ-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or reproduction of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
of _____, 18____
My Commission Expires _____

(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or used by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **3** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	1539.84	X		MARYANNE CONNELLY NJ-07
			1668.65	X		RUSH HOLT NJ-12
			4376.97	X		HILLARY CLINTON NY-SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day _____ of _____, 19____.

My Commission Expires _____

 (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **54** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	902.14	X		MARY ELLEN O'SHAUGHNESSY OH-12
		"	3121.22	X		JOE HOFFEL PA-18
		"	2265.02	X		ED O'BRIEN PA-15

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day of _____, 19____.

My Commission Expires _____

(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **40** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	1348.60	X		REGINA MONTAZA COGGINS TX-05
		9/25/00	2193.80	X		JAY INSLER WA-01
		9/25/00	4238.79	X		RICK LAASEN WA-02

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report 30-Day Report following the General Election.
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **41** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	1397.61	X		BRIAN BARRS WA-03
		"	2061.25	X		TOM KEEFE WA-05
		"	3555.15	X		ADAM SMITH WA-09

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
of _____, 19____

My Commission Expires _____
_____(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **42** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
WINNING CONNECTIONS 209 PENNSYLVANIA AVE SE STE 900 WASHINGTON DC 20003	PHONE BANKS	9/25/00	19,733.67	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MARIA CANTWELL WA-SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day _____ of _____, 19____.

My Commission Expires _____

 (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9520 Local 202-219-5420

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **43** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Bought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMIRE COMMUNICATIONS 2890 PRESTON WHITE DR STE 105 RESTON, VA 20191	LIST PROCESSING	9/20/00	12,451.99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GORE - PRESIDENTIAL
		9/19/00	129.76	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIKE HONDA CA-15
		9/19/00	87.34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adam Schiff CA-27

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
of _____, 19____.

My Commission Expires _____
_____(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202 219-3420

Any information reported herein may not be repaid for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL
 Address (number and street) check if different than previously reported
1156 15th ST NW STE 700
 City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No
 Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):
 (a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report
 (b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 44 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEM RE COMMUNICATIONS 1890 PROTON WHITE DR STE 105 WESTON VA 20191	LIST PROCESSING	9/19/00	193.79	X		SUSAN DAVIS CA-49
		9/19/00	250.23	X		MARK UDALL CO-02
		9/19/00	193.18	X		KEVIN TOLTZ CO-06

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day _____ of _____, 19____.

My Commission Expires _____

 (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20468
 Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
670002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 45 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMIRE COMMUNICATIONS 1890 PEEBSON WHITE DR STE 105 KESTON VA 20191	LIST PROCESSING	9/19/00	62.72	X		ELVINE BLOOM FL-22
		9/19/00	27.46	X		ROBERT KAHN GA-07
		9/20/00	118.97	X		LAREN BETH CASH IL-10

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____.

My Commission Expires _____

_____, (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9630 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election _____ Date of Election _____ State _____
 Date of Election _____ State _____

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 46 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payor	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLUEMIRE COMMUNICATIONS 1890 PEEBSON WHITE DR STE 105 KESTON VA 20191	LIST PROCESSING	9/20/00	21.65	X		MIKE KELLEHER IL-15
		9/15/00	231.51	X		DIANNE BYRUM MI-08
		9/15/00	1365.12	X		DEBBIE STABEND MI-SEN.

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____ 19 _____

My Commission Expires _____
 _____ (Notary Public)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 48 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMORE COMMUNICATIONS 1890 PLESSION WHITE DR STE 105 RESTON VA 20191	LIST PROCESSING	9/19/00	111.34	X		BETTY McCORMACK MN - 04
		9/19/00	949.49	X		MARK DAYTON MN SENATE
		9/15/00	1793.68	X		WISL GARNATHAN MN SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

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 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER: _____ OCCUPATION: _____

3. Identification number
670002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **48** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMATE COMMUNICATIONS 1890 PLESSION WHITE DR STE 105 KEESONS VA 20191	LIST PROCESSING	9/19/00	178.65	X		BRIAN SCHWEITZER MT-SENATE
		"	179.65	X		NANCY KEENAW MT-AL
		"	40.47	X		SUSAN BASS LEVIN NJ-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____

My Commission Expires _____

 (Notary Public)

NOTE: Submission of false, anonymous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 457g.

For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20468
 Toll Free 800-424-9520 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election _____ Date of Election _____ State _____
 Date of Election _____ State _____

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 44 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMORE COMMUNICATIONS 1890 PEEBSON WHITE DR STE 105 WESTON VA 20191	LIST PROCESSING	9/19/00	75.36	X		MARY ANNE CONNELLY NJ-07
		9/19/00	81.66	X		RUSH HOLT NJ-12
		9/20/00	459.37	X		HILLARY CLINTON NY SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 800 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 16 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **50** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMIRE COMMUNICATIONS 1890 PEBBLE WHITE DR STE 105 KEESONS VA 20191	LIST PROCESSING	9/19/00	44.15	X		MARY ELLEN O'BRIEN OH-12
		"	152.74	X		JOE HOFFEL PA-13
		"	110.84	X		ED O'BRIEN PA-15

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

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 Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of Individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW SIE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 52 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payer	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMIRE COMMUNICATIONS 1890 PLESSION WINDIE DR STE 105 KEESONS VA 20191	LIST PROCESSING	9/19/00	66.00	X		REGINA MONTOYA COGGINS TX-05
		9/19/00	107.36	X		JAY INSLEE WA-01
		"	207.43	X		RICK LARSEN WA-02

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this _____ day
 of _____, 19____.

My Commission Expires _____
 _____ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

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 Federal Election Commission
 599 E Street, N.W.
 Washington, D.C. 20463
 Toll Free 800-424-9530 Local 202-219-3420

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of Individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM 7/1/00 THROUGH 9/30/00 PAGE 52 OF 53

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payor	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMIRE COMMUNICATIONS 1890 PLESSION WHITE DR STE 105 KESTON VA 20191	LIST PROCESSING	9/19/00	68.40	X		BRIAN BAIRD WA-03
		9/19/00	100.87	X		TOM KEEFE WA-05
		9/19/00	173.98	X		ADAM SMITH WA-09

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
NARAL

Address (number and street) check if different than previously reported
1156 15th ST NW STE 700

City, State and ZIP Code
WASHINGTON DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-Day Report following the General Election.
 October 15 Quarterly Report
 January 31 Year-End Report
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **7/1/00** THROUGH **9/30/00** PAGE **53** OF **53**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
BLAEMIRE COMMUNICATIONS 1890 PEBBLE WHITE DR STE 105 RESTON VA 20191	LIST PROCESSING	9/19/00	965.71	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MARLA CAMPWELL WA - SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day
 of _____, 19____
 My Commission Expires _____
 _____ (Notary Public)

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 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20483
 Toll Free 800-424-9530 Local 202-218-3420

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FEC FORM 5 (4/96)

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/14/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
GR	10/17/00
PREPARER	DATE PREPARED