

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 (NARRIAL)
National Abortion and Reproductive Rights Action League
 Address (number and street) check if different than previously reported
1156 15th Street, NW Suite 700
 City, State and ZIP Code
Washington DC 20005

2. Corporate filer only: Is the filer a qualified nonprofit corporation? Yes No
 Individual filer 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 **10/19/00** THROUGH **11/27/00** PAGE **33** OF **226**

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	
Blademinc Communications 1896 Preston White Dr Reston, VA 20191	list processing	11/16/00	1.55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lauren Bethgash IL-10 House
			.28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mike Kelleher IL-15 House
			3.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dianne Byrnum MI-8 House
			17.74	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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, distribution, 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, inaccurate 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
 995 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)