

**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 (N/A/R/L)  
**National Abortion and Reproductive Rights Action League**  
 Address (number and street)  check if different than previously reported  
**1156 15<sup>th</sup> Street, NW Suite 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 **Post General 10/19/00** THROUGH **11/27/00** PAGE **2/2** OF **2/26**

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	
AMEX Ste 0001 Chicago, IL 60679	Postage & fund for volunteers	5/31/00	12.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Al Gore President
			12.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dobie Johnson MI-Senate
			12.39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dianne Byron 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)

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 800-424-9690 Local 202-218-3470

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)