

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

2001 JAN 31 P 4:04

1. Name of individual, organization or corporation
NATIONAL ABORTION AND REPRODUCTIVE FREEDOM ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **1** OF **27**

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
BUYING TIME 1825 CONNECTICUT AVE NW SW FL WASHINGTON DC 20009	REUND OF OVERPAYMENT- TELEVISION ADS		12/31/00	23,512.17

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 PO BOX 64773 BALTIMORE MD 21264	PHONE CALLS	12/31/00	103.82	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GORE PRESIDENTIAL
		"	103.82	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DERBIE STANSBOND WR - SENATE
		"	103.82	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JEANNE BYRUM HOUSE WR 08

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ **23,512.17**
 9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ **22,288.55**

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, or publication 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.

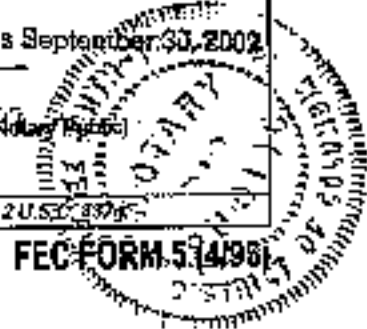
Subscribed and sworn to before me this 31 day
 of December 2001
 My Commission Expires September 30, 2002
 My Commission Expires _____
[Signature]
 Notary Public

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
GLORIA A TITEN
 SIGNATURE (multi-page filers: sign page 1 only) DATE
[Signature] **1/31/01**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 8305.

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.



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
NATIONAL ABORTION AND DEFENSITIVE RIGHTS ACTION LEAGUE
 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

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C70002761

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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 **11/28/00** THROUGH **12/31/00** PAGE **2** OF **21**

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 64773 BALTIMORE MD 21264	PHONE CALLS	12/31/00	101.57	X		AL GORE PRESIDENTIAL
		"	101.57	X		WEL CHAMBERLAIN MD - SENATE
		"	101.57	X		BOB HORTON MD GOVERNOR

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
 660 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)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
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1156 15th ST NW STE 700
 City, State and ZIP Code
WASHINGTON DC 20005

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Type of Election	Date of Election	State

6. COVERING PERIOD: FROM **11/28/00** THROUGH **12/31/00** PAGE **3** OF **27**

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 PA 225 S. 15th ST STE 300 PHILADELPHIA PA 19102	REIMB: LIST PROCESSING	12/31/00	41.64	X		AL GORE PRESIDENTIAL
		"	41.63	X		JOE HOFFMAN HOUSE PA - 13
		"	41.63	X		ED O'BRIEN HOUSE 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 _____, 10____
 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 NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE						
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			3. Identification number C70002761		
Individual filers only	NAME OF EMPLOYER		OCCUPATION			
4. TYPE OF REPORT (check appropriate boxes):						
(a) <input type="checkbox"/> April 15 Quarterly Report		<input type="checkbox"/> 12-Day Report preceding the election.		Type of Election		
<input type="checkbox"/> July 15 Quarterly Report				Date of Election		
<input type="checkbox"/> October 15 Quarterly Report				State		
<input checked="" type="checkbox"/> January 31 Year-End Report		<input type="checkbox"/> 30-Day Report following the General Election.		Date of Election		
<input type="checkbox"/> July 31 Mid-Year Report				State		
(b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
5. COVERING PERIOD: FROM 11/28/00 THROUGH 12/31/00			PAGE 4 OF 27			
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	
PERSONAL PAC 203 N WABASH STE 310 CHICAGO IL 60601	LIST RENTAL	12/21/00	3100.88	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAUREN BETH GISH HOUSE IL-10
		"	1597.42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WAKE KELLER HOUSE IL-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.			Subscribed and sworn to before me this _____ day			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM			of _____, 19_____			
SIGNATURE (multi-page filers: sign page 1 only) DATE			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
555 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9630 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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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

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C70002761

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 (a) April 15 Quarterly Report 12-Day Report preceding the election.
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 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 **11/28/00** THROUGH **12/31/00** PAGE **5** OF **27**

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	
FEDERAL EXPRESS PO Box 1140 MANASSAS TN 38101	Shipping	12/19/00	37.58	X		MIKE HONDA HOUSE-CA-15
	"	"	6.98	X		ADAM SCHIFF HOUSE-CA-27
	"	"	6.98	X		SUSAN DAVIS HOUSE CA-49

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
NATIONAL ABORTION AND DISCRIMINATIVE RIGHTS ACTION LEAGUE
 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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(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **11/28/00** THROUGH **12/31/00** PAGE **6** OF **27**

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	
FEDERAL EXPRESS PO Box 1140 MEMPHIS TN 38101	Shipping	12/19/00	6.98	X		DIANNE FEINSTEIN CA SENATE
	"	"	144.90	X		ROLAND MATHN HOUSE GA-07
	"	"	204.32	X		LAUREN BETH GASH HOUSE 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 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 _____

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 (Notary Public)

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

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1156 15th ST NW STE 700
 City, State and ZIP Code
WASHINGTON DC 20005

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C70002761

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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 **11/28/00** THROUGH **12/31/00** PAGE **7** OF **27**

B. 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	
FEDERAL EXPRESS PO Box 1140 MEMPHIS TN 38101	Shipping	12/19/00	141.53	X		MIKE KELLEHER HOUSE IL-15
	"	"	29.82	X		DIANNE BYRUM HOUSE MI-08
	"	"	62.34	X		DEBBIE STAGENOW 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) \$ _____

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5. COVERING PERIOD: FROM **11/28/00** THROUGH **12/31/00** PAGE **8** OF **27**

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	
FEDERAL EXPRESS PO Box 1140 MEMPHIS TN 38101	Shipping	12/19/00	15.58	X		MARY ELLEN O'NEAL-KENNESSY HOUSE OH-12
	"	"	54.16	X		JOE HOFFMAN HOUSE PA-13
	"	"	54.16	X		ED O'BRIEN HOUSE 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) \$ _____

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 of _____, 19____.

My Commission Expires _____

 (Notary Public)

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5. COVERING PERIOD: FROM **11/28/00** THROUGH **12/31/00** PAGE **9** OF **27**

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	
FEDERAL EXPRESS PO Box 1140 MEMPHIS TN 38101	Shipping	12/19/00	306.49	X		ESQUINA MONTANA LOGGINS HOUSE TX-05
	"	"	7.40	X		JAY INSULL HOUSE WA-01
	"	"	7.40	X		RICK LARSEN HOUSE 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) \$ _____

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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
NATIONAL ABORTION AND DEMOCRATIC RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **10** OF **27**

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	
FEDERAL EXPRESS PO Box 1140 MEMPHIS TN 38101	SHIPPING	12/19/00	7.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BRIAN BAKER HOUSE WA-03
	"	"	7.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TOM KOLFE HOUSE WA-05
	"	"	7.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MARLA CANTRELL 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 _____

DATE _____

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

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 202-219-3470

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)

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:
NATIONAL ABORTION AND DEBILITATING RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **11** OF **27**

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	
FEDERAL EXPRESS PO Box 1140 Memphis TN 38101	SHIPPING	12/19/00	507.30	X		BOB HOLDEN MO GOVERNOR
	"	"	5,906.70			AL GORE PRESIDENTIAL

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

B. 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 800-424-9590 Local 202-219-3470

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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **12** OF **27**

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	
GLORIA TOTTEN c/o NARAL 1156 15th ST NW STE 700 WASHINGTON DC 20005	travel	11/28/00	15.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GOORE PRESIDENT

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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For further information, contact:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20460
 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.

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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **13** OF **27**

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	
FEDERAL EXPRESS PO BOX 1140 MEMPHIS TN 38101	SHIPPING	12/31/00	68.72	X		AL COOPER PRESIDENTIAL
		12/31/00	68.72	X		DEBBIE STABINOW WV. SENATE
		12/31/00	68.72	X		DIANNE BURUM HUSB. WV-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.

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
 650 E. Street, N.W.
 Washington, D.C. 20483
 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
NATIONAL ABORTION AND DEFENSIVE RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **14** OF **27**

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	
MARAL 4575 W SAGINAW ST LANSING MI 48917	OFFICE RENT	12/1/00	27.79	<input checked="" type="checkbox"/>		AL GORE PRESIDENTIAL
		"	27.77	<input checked="" type="checkbox"/>		DIANNE BYRUM HOUSE - MI - 8
		"	27.77	<input checked="" type="checkbox"/>		DEBBIE STAGGON HOUSE - MI - SEN

B. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____
 B. 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 _____, 10____
 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
 1100 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.

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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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

6. COVERING PERIOD: FROM **11/28/00** THROUGH **12/31/00** PAGE **15** OF **27**

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	
MARAL 4515 W SAGINAW STE 201 LANSING, MI 48917	OFFICE RENT, PHONE CALLS	12/8/00	563.35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GORE PRESIDENTIAL
		"	563.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEBBIE STASCHNOW MI SENATE
		"	563.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIANNE BYKUM HOUSE 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.

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 _____, 10____.
 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
 899 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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **16** OF **27**

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	
AMERICAN EXPRESS STE 0001 CHICAGO IL 60671	LONG DISTANCE	12/8/00	381.21	<input checked="" type="checkbox"/>		AL GORE PRESIDENTIAL
	MEALS + TRAVEL	*	345.32	<input checked="" type="checkbox"/>		IL

B. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____
 B. 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:
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE

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 **11/28/00** THROUGH **12/31/00** PAGE **17** OF **27**

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	
AMERICAN EXPRESS STE 0001 CHICAGO IL 60679	AIRFARE	12/2/00	2336.00	X		AL GORE PRESIDENTIAL
	Hotel	12/3/00	233.50	X		AL GORE PRESIDENTIAL

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 800-424-9532 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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE

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

5. COVERING PERIOD: FROM **11/28/00** THROUGH **12/31/00** PAGE **18** OF **27**

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	
JOHN ANDERSON 4007 CLAWSON RD AUSTIN TX 78704	PHOTOCOPY FOR DIRECT MAIL	11/30/00	353.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GORE PRESIDENTIAL

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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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 NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE						
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):						
(a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> 12-Day Report preceding the election.						
<input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> 30-Day Report following the General Election.						
<input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> 30-Day Report following the General Election.						
<input checked="" type="checkbox"/> January 31 Year-End Report <input type="checkbox"/> 30-Day Report following the General Election.						
<input type="checkbox"/> July 31 Mid-Year Report						
(b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
5. COVERING PERIOD: FROM 11/28/00 THROUGH 12/31/00 PAGE 19 OF 27						
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	
POSTMASTER WASHINGTON DC	POSTAGE	11/30/00	167.97	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GORE PRESIDENTIAL
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, administration, 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 800-424-9630 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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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 **11/22/00** THROUGH **12/31/00** PAGE **20** OF **27**

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	Dispute	
JULIE BRUGGEMAN c/o MRO NARAL 4144 LINDEN STE 505 ST. LOUIS MO 63108	SARAY	12/1/00	279.13	<input checked="" type="checkbox"/>		AL Gore PRESIDENTIAL
	"	"	279.13	<input checked="" type="checkbox"/>		DEL CHAMBERLAIN 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 designing, 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:
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **21** OF **27**

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	
TESS FIELDS c/o MIA NARAL 4144 LINDELL STI 505 ST. LOUIS MO 63108	SAWARTS	12/1/00	387.50	X		AC GOBE PRESIDENTIAL
	"	"	387.50	X		MIC CAHILLAN IND-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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For further information, contact:
 Federal Election Commission
 809 E Street, N.W.
 Washington, D.C. 20460
 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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE

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 **11/28/00** THROUGH **12/31/00** PAGE **22** OF **27**

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	
KYAN BURGESSON	SALARY	12/1/00	30.75	<input checked="" type="checkbox"/>		AL GORE PRESIDENTIAL
C/O MARAL	"	"	30.90	<input checked="" type="checkbox"/>		DEBBIE STABRON ARI-SENATE
4515 W SKYMAN ST 201	"	"	30.75	<input checked="" type="checkbox"/>		DIANNE BYRUM HOUSE-VI-08
LANSING MI 48917						

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

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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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **23** OF **27**

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	
BETH BASHEK C/O MARAL 4515 IV SAGINAW STE 201 LANSING MI 48917	SECRET	12/1/00	288.08	X		AL Gore PRESIDENTIAL
	"	"	288.08	X		DEBBIE STAGSON MI-SENATE
	"	"	288.08	X		DIANNE BYRON HOUSE - MI - 8

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
NATIONAL ABORTION AND REPRODUCTIVE FREIGHTS ACTION LEAGUE
 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 **11/23/00** THROUGH **12/31/00** PAGE **24** OF **27**

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	
ANNA LANDMARK c/o MARAL 4515 W SAGINAW STE 201 LANSING MI 48917	SALARY	12/1/00	225.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL GORE PRESIDENTIAL
	"	"	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEBBIE STASEROW MI-SENATE
	"	"	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIANNE BYRUM MI-03-HOUSE

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 800-424-9590 Local 202-210-3420

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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
ABORTION ABOLITION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **25** OF **27**

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

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Description	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	
PPHSET ACTION FUND 3601 FANNIN HOUSTON TX 77004	LIST RENTAL	12/11/00	385.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KEN BENTSEN: HOUSE-TX-25

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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE

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

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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.
 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 **11/28/00** THROUGH **12/31/00** PAGE **26** OF **27**

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 c/o NAAL 1156 15th ST NW STE 700 WASHINGTON DC 20005	REIMB: INTERNET SERVICES	12/21/00	6.65	X		AL GORE PRESIDENTIAL
	"	"	6.65	X		DIANNE STABERON MI - SENATE
	"	"	6.65	X		DIANNE BYRON HOUSE - 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.

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
 899 E Street, N.W.
 Washington, D.C. 20469
 Toll Free 800-424-9530 Local 202-219-3430

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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
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE
 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 **11/28/00** THROUGH **12/31/00** PAGE **27** OF **27**

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	
TRIAL P O Box 684602 AUSTIN TX 78768	RECALL: CALLS, FOOD EX VOLS	12/20/00	138.00	X		REGINA MONTANA COUNCILORS HOUSE -TX-05

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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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)

Federal Election Commission

**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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/31/01
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
 CF	 1/31/01
PREPARER	DATE PREPARED