CBIZ FPG Business Services, Inc.
and
Mayer Hoffman McCann P.C.

175 South West Temple, Suite 650
Salt Lake City, UT 84101
Phone (801) 364-9300
Fax (801) 364-9301

FAX

Personal & Confidential

Date 10/25/04

Number of Pages 3 (including cover)

TO: FEC

FROM: Stan Deward
CBIZ FPG Business Services, Inc
and
Mayer Hoffman McCann P.C.
(801) 364-9300
(801) 364-9301

Company:

Phone

Fax Phone 202-219-0174

Remarks: ☐ Urgent ☐ For Your Review ☐ Reply ASAP ☐ Please Comment

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Save American Medicine

(b) Address (number and street) ☐ check if different than previously reported
2150 S. 1300 E. Ste 500

(c) City, State and ZIP Code
Salt Lake City UT 84105

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number
C C00000000

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 10 / 25 / 2004 through 10 / 25 / 2004

5. (a) Date of Public Distribution(s) 10 / 25 / 2004 **(b) Communication Title** Save American Medicine

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes ☐ No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☒ No ☐

8. Custodian of Records

(a) Name
Stanley R. de Waal

(b) Address (number and street)
175 South Main Street, Suite 800

(c) City, State and ZIP Code
Salt Lake City UT 84101

(d) Name of Employer or Principal Place of Business (e) Occupation
Treasurer

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 1000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications 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 Stanley R. de Waal

SIGNATURE [signature] DATE 10/25/2004

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 2/2

A. Full Name (Last, First, Middle Initial) of Payee
The Washington Times

Mailing Address of Payee
Attn: Kevin Sheehan 3600 New York Avenue, NE

City: Washington
State: DC
Zip Code: 20002-

Name of Employer
Occupation

Date of Disbursement or Obligation: M 10 D 25 Y 2004

Amount: 1000.00

Communication Date: M D Y

Transaction ID: 1025200[illegible]

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
House / Senate / President
State:
District:
Disbursement/Obligation For: 2004
Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For:
Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For:
Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional): 1000.00

TOTAL This Period (last page this line number only) (carry total from last page to line 10): 1000.00

FEC FORM 4 (REV. 03/2003)

FES4N038

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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☐ Overnight Delivery Service (Specify):

Date of Receipt

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Date of Receipt

☐ Received from Electronic Filing Office

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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)